

Please refer to Section V, Line-by-Line Instructions for Completing EPA Form 8700-12 before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

OCT 30 2000

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐

A. Initial Notification

☒B. Subsequent Notification
(Complete item C)

C. Installation's EPA ID Number

I L D O 6 4 6 2 6 3 4 4

II. Name of Installation (Include company and specific site name)

M E R I D I A N A U T O M O T I V E S Y S T E M S Inc

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street *update*

2 4 0 0 S O U T H W A B A S H A V E N U E

Street (Continued)

City or Town

C E N T R A L I A

State

I L

Zip Code

6 2 8 0 1

County Code

1 2 1

County Name

M A R I O N

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

City or Town

State

Zip Code

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

B R A D H A M

(First)

R O N

Job Title

E N V . M A N A G E R

Phone Number (Area Code and Number)

6 1 8 - 5 4 5 - 5 2 4 1

VI. Installation Contact Address (See Instructions)

A. Contact Address
Location Mailing☒

B. Street or P.O. Box

City or Town

State

Zip Code

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

M E R I D I A N A U T O M O T I V E S Y S T E M S Inc.

Street, P.O. Box, or Route Number

5 0 0 T O W N C E N T E R D R I V E

City or Town

D E A R B O R N E

State

M I

Zip Code

4 8 1 2

Phone Number (Area Code and Number)

3 1 3 - 2 5 3 - 3 5 0 0

B. Land Type

☒

C. Owner Type

☒D. Change of Owner
Indicator

Yes

☒

No

(Date Changed)
Year

0 7 1 4 0 0

12/7/00 PL

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions)

A. Hazardous Waste Activity		B. Used Oil Recycling Activities
1. Generator (See Instructions) <input checked="" type="checkbox"/> a. Greater than 1000kg/mo (2,200 lbs.) <input type="checkbox"/> b. 100 to 1000 kg/mo (220-2,200 lbs.) <input type="checkbox"/> c. Less than 100 kg/mo (220 lbs.) 2. Transporter (Indicate Mode in boxes 1-5 below) <input type="checkbox"/> a. For own waste only <input type="checkbox"/> b. For commercial purposes Mode of Transportation <input type="checkbox"/> 1. Air <input type="checkbox"/> 2. Rail <input type="checkbox"/> 3. Highway <input type="checkbox"/> 4. Water <input type="checkbox"/> 5. Other - specify _____	<input type="checkbox"/> 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity, see Instructions. 4. Hazardous Waste Fuel <input type="checkbox"/> a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketers <input type="checkbox"/> c. Boiler and/or Industrial Furnace <input type="checkbox"/> 1. Smelter Deferral <input type="checkbox"/> 2. Small Quantity Exemption Indicate Type of Combustion Device(s) <input type="checkbox"/> 1. Utility Boiler <input type="checkbox"/> 2. Industrial Boiler <input type="checkbox"/> 3. Industrial Furnace <input type="checkbox"/> 5. Underground Injection Control	1. Used Oil Recycling Marketer <input type="checkbox"/> a. Marketer Directs Shipment of Used Oil to Off-Specification Burner <input type="checkbox"/> b. Marketer Who First Claims the Used Oil Meets the Specifications 2. Used Oil Burner - Indicate Type(s) of Combustion Device <input type="checkbox"/> a. Utility Boiler <input checked="" type="checkbox"/> b. Industrial Boiler <input type="checkbox"/> c. Industrial Furnace 3. Used Oil Transporter - Indicate Type(s) of Combustion Device(s) <input type="checkbox"/> a. Transporter <input type="checkbox"/> b. Transfer Facility 4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies) <input checked="" type="checkbox"/> a. Process <input type="checkbox"/> b. Re-refine

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic	(List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	D 0 3 5 D 0 0 3 D 0 4 2

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See Instructions if you need to list more than 12 waste codes.)

1 F 0 0 3	2 F 0 0 5	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See Instructions.)

1	2	3	4	5	6
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X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Wayne Fulghum

Name and Official Title (Type or print)

Wayne Fulghum, General Manager

Date Signed

10/18/00

XI. Comments



2400 South Wabash Ave., Centralia, IL 62801, Phone (618) 545-5241, Fax (618) 532-8490

Oct. 17, 2000

Mr. James Pierce
Illinois Environmental Protection Agency
Bureau of Land
P.O. Box 19276
2200 Churchill Road
Springfield, Illinois 62794-9276

RECEIVED
OCT 30 2000

PROGRAM MANAGEMENT BRANCH
Waste, Pesticides & Toxics Division
U.S. EPA - REGION 5

Dear Mr. Pierce:

Please find attached Form 8700-12, depicting that Cambridge Industries has sold the industry located at 2400 South Wabash Ave., Centralia, Illinois to Meridian Automotive Systems, Inc. The effective date of the sale was July 14, 2000. The new owner's corporate office is located at 500 Town Center Drive, Dearborn, Michigan 48126.

Thank you for your assistance, if you need any additional information please contact, Ron Bradham, Environmental Manager, at 618-545-5241.

Sincerely,

Wayne Fulghum
Location Manager
Meridian Automotive Systems, Inc.

RECEIVED
DEC 07 2000

RCRA RECORDS ROOM
Waste, Pesticides & Toxics Division
U. S. EPA - REGION 5

RECEIVED

OCT 24 2000

IEPA-DLPC

Please print or type with F

14 (12 characters per inch) in the unshaded areas only

618 532 8490 P. 04/04

Form Approved, OMB No. 2000-0088 Expires 9-30-05
GSA No. 254-004-01

Q34 AL. 004074-07

EPA Form 8700-12 (Rev. 11-89-83) 5010-108

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate box. Refer to instructions.)

A. Hazardous Waste Activity <input type="checkbox"/> 1. Generator (See instructions) <input checked="" type="checkbox"/> 2. Greater than 1000 lbs. (2,200 kg) <input type="checkbox"/> 3. 100 to 1000 lbs. (220 to 2200 kg) <input type="checkbox"/> 4. Less than 100 lbs. (220 kg) <input type="checkbox"/> 5. Transporter (Indicate Mode in comments) <input type="checkbox"/> 6. For own use only <input type="checkbox"/> 7. For commercial purposes Mode of Transportation <input type="checkbox"/> 8. Air <input type="checkbox"/> 9. Rail <input type="checkbox"/> 10. Highway <input type="checkbox"/> 11. Water <input type="checkbox"/> 12. Other (specify) _____		B. Use of Oil and Grease <input type="checkbox"/> 1. Used in process <input type="checkbox"/> 2. Used on burners <input type="checkbox"/> 3. Used in boilers <input type="checkbox"/> 4. Used in engines <input type="checkbox"/> 5. Used in turbines <input type="checkbox"/> 6. Used in other equipment <input type="checkbox"/> 7. Used in other equipment <input type="checkbox"/> 8. Used in other equipment <input type="checkbox"/> 9. Used in other equipment <input type="checkbox"/> 10. Used in other equipment <input type="checkbox"/> 11. Used in other equipment <input type="checkbox"/> 12. Used in other equipment	
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IX. Description of Hazardous Waste (Mark 'X' in the appropriate box. Refer to instructions.)

A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

<input checked="" type="checkbox"/> 1. Corrosive	<input type="checkbox"/> 2. Ignitable	<input checked="" type="checkbox"/> 3. Reactive	<input type="checkbox"/> 4. Toxic
--	---------------------------------------	---	-----------------------------------

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

F003	F005						

C. Other Wastes. (State of other wastes requiring a handler to have an I.D. number; See instructions.)

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X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature <i>Larry W. Garretson</i>	Name and Official Title (Type or print) Larry W. Garretson, General Manager	Date Signed 8-1-94
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XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved OMB No. 2050-0025 Expires 8-30-95
GSA No. 2246-EPA-07*New liner*

1218020011

EPA Notification of Regulated Waste ActivityDate Received
(For Official Use Only)

94-11-15


CAMPBRIDGE INDUSTRIES INC.											
2400 SOUTH WABASH AVE.											
CENTRALIA											
IL 62801-											
MARION											
BRADHAM											
RON											
ENV. ENG.											
618-545-5241											
X											
CAMPBRIDGE INDUSTRIES INC.											
5281 MILLER ROAD											
DEARBORNE											
MI 48126											
313-584-2850											

Please print or type with ELITE type (12

dots per inch) in the unshaded areas only

418 532 8490 P.04/04

Approved, OMB No. 2080-0038 Expires 0-30-05
EPA No. 824A-674-07

VII. Type of Regulated Waste Activity		VIII. Use of Oil or Grease																					
A. Hazardous Waste Activity <input type="checkbox"/> Generation (See Instructions) <input checked="" type="checkbox"/> Greater than 1000 kg/mo (2,200 lbs) <input type="checkbox"/> 100 to 1000 kg/mo (200-2,200 lbs) <input type="checkbox"/> Less than 100 kg/mo (220 lbs) <input type="checkbox"/> Transporter (Indicate Mode in Box(es) below) <input type="checkbox"/> Air <input type="checkbox"/> Highway <input type="checkbox"/> Waterway <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Use in Commercial Purpose <input type="checkbox"/> Use in Transportation <input type="checkbox"/> Air <input type="checkbox"/> Highway <input type="checkbox"/> Waterway <input type="checkbox"/> Other (Specify) _____		B. Use of Oil or Grease Activity <input type="checkbox"/> Used in Motor Vehicle <input type="checkbox"/> Used in Off-Highway Vehicle <input type="checkbox"/> Used in Marine Vessel <input type="checkbox"/> Used in Aircraft <input type="checkbox"/> Used in Industrial Process <input type="checkbox"/> Used in Commercial Process <input type="checkbox"/> Used in Residential Process <input type="checkbox"/> Used in Agricultural Process <input type="checkbox"/> Used in Other Process (Specify) _____ <input type="checkbox"/> Used in Other Activity (Specify) _____																					
IX. Description of Hazardous Waste (See Instructions) A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. See 40 CFR Parts 261.20 - 261.34) <input checked="" type="checkbox"/> Corrosive <input type="checkbox"/> Flammable <input checked="" type="checkbox"/> Oxidizing <input type="checkbox"/> Toxic <input type="checkbox"/> Volatile <input type="checkbox"/> Other (Specify) _____																							
B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See Instructions if you need to list more than 12 waste codes.) <table border="1"> <tr> <td>F003</td> <td>F005</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>				F003	F005																		
F003	F005																						
C. Other Wastes. (State or other wastes requiring a handler to have an LD number. See Instructions.) <table border="1"> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>																							
Certification I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.																							
Signature 		Name and Official Title (Type or print) Larry W. Garretson, General Manager																					
		Date Signed 8-1-94																					
X. Comments 																							

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

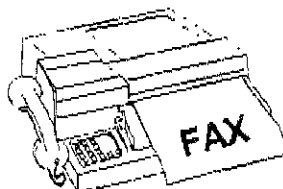


ILLINOIS
ENVIRONMENTAL
PROTECTION AGENCY

P.O.Box 19276
2200 Churchill Road
Springfield, IL. 62794-9276

LEAKING UNDERGROUND STORAGE TANK SECTION

DATE:

11-15-94

TIME: _____

PLEASE DELIVER THESE 4 PAGES,
INCLUDING THIS COVER PAGE TO:

NAME:

CAROLIN LEWIS USEPA

FIRM or LOCATION: _____

COMPANY PHONE NUMBER: _____

FAX NUMBER: _____

FROM:

JIM PIERCE

MEMO: _____

OFFICE PHONE NUMBER:

217-782-9883

IF YOU DID NOT RECEIVE ALL OF THE PAGES OR PAGES ARE ILLEGIBLE,
PLEASE CONTACT US AT ONE OF THE FOLLOWING NUMBERS AS SOON AS POSSIBLE.

OUR TELECOPIER NUMBER IS (217) 524-4193
OPERATOR'S PHONE NUMBER IS (217) 524-4648

PRINTED ON RECYCLED PAPER

EPA OFFICE USE ONLY

- ☐ Return to originator after sending
☐ Discard

MAGNAFAX MESSAGE/CAMBRIDGE INDUSTRIES, INC.Instructions COMPLETE NAME AND LOCATION OF RECEIVER, SENDER AND THOSE RECEIVING COPIES. **PAGE 1 of 4**

Name of Receiver

JAMES PIERCE

Copy

Company/Location

ILLINOIS EPA**SPRINGFIELD, ILLINOIS**

MagnaFax Number To Call

(For Illinois) local numbers include Country Code and City Code)

217-524-4193

From

BECKY LEARY**11/15/94****Cambridge Industries, Inc.**

Message

ILD064626344**RECEIVED****NOV 15 1994****EPADZB**

ATTACHED YOU WILL FIND A COPY OF THE LETTER THAT WAS SENT TO YOU ON AUGUST 1, 1994. ALSO YOU WILL FIND A COPY OF FORM 8700-12. SECTION VII.A SHOULD READ 5281 MILLER ROAD.

HARD COPIES OF THIS INFORMATION WILL BE FORWARDED TO YOUR OFFICE.

ALSO, THE ADDRESS OF 4002 INDUSTRIAL PARK WAS CHANGED TO 2400 SOUTH WABASH AVENUE DUE TO THE EMERGENCY 911 SYSTEM. WHAT, IF ANYTHING, DO WE NEED TO DO TO CHANGE THIS? PLEASE LET ME KNOW.

THANK YOU.

BECKY LEARY
ENVIRONMENTAL ENGINEER
(618) 545-5243

DO NOT WRITE BELOW THIS LINE**FOR TELEX USE ONLY****DATE SENT****SENT BY**



**ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)**

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

ILD064626344

REACKNOWLEDGEMENT

ROCKWELL INTERNATIONAL
PO BOX 588
CENTRALIA

IL 62801

INSTALLATION ADDRESS

4002 INDUSTRIAL PARK
CENTRALIA

IL 62801

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F 0 0 2 23 - 26	2 F 0 0 5 23 - 26	3 F 0 1 7 23 - 26	4 F 0 1 8 23 - 26	5 23 - 26	6 23 - 26
7 23 - 26	8 23 - 26	9 23 - 26	10 23 - 26	11 23 - 26	12 23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13 K 0 4 9 23 - 26	14 23 - 26	15 23 - 26	16 23 - 26	17 23 - 26	18 23 - 26
19 23 - 26	20 23 - 26	21 23 - 26	22 23 - 26	23 23 - 26	24 23 - 26
25 23 - 26	26 23 - 26	27 23 - 26	28 23 - 26	29 23 - 26	30 23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 U 1 5 9 23 - 26	32 23 - 26	33 23 - 26	34 23 - 26	35 23 - 26	36 23 - 26
37 23 - 26	38 23 - 26	39 23 - 26	40 23 - 26	41 23 - 26	42 23 - 26
43 23 - 26	44 23 - 26	45 23 - 26	46 23 - 26	47 23 - 26	48 23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49 23 - 26	50 23 - 26	51 23 - 26	52 23 - 26	53 23 - 26	54 23 - 26
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E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE
(D001)

☐ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

☒ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

NAME & OFFICIAL TITLE (type or print)

DATE SIGNED

John J. Sullivan

PLANT MANAGER
JOHN J. SULLIVAN

7/17/80

EPA Form 8700-12 (6-80) REVERSE

44-0045-0001

JUL 21 1980

Plastics Division
4002 Industrial Park
P.O. Box 588
Centralia, IL 62801

(618) 532-1871



Rockwell
International

March 28, 1984
ILD 064 626 344
G, TSD, PA

Environmental Protection Agency
117 West Main Street
Collinville, Illinois 62234

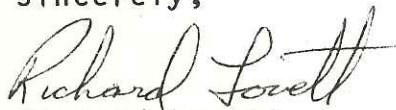
Attn: Mr. Kenneth G. Mensing:

Dear Mr. Mensing,

As I discussed with you on the phone on Tuesday, 3/27/84, we verify that this facility will no longer require a storage permit as all hazardous waste will be properly shipped for disposal within 90 days of generation. We therefore withdraw the Part A Permit Application for this location.

I would like to stress that our facility will continue to be a generator of hazardous waste. We will continue our operation as we have in the past with the exception that we will not store our waste over 90 days.

Sincerely,


Richard Lovett
Chief Ind. Engineer

m/

cc: Valdas Adamkus
EPA Region 5 Regional Adm.
230 S. Dearborn St.
14th Floor
Chicago, IL 60604

Attach.

Stone
Per Ken Mensing:
This TSD went
thru closure.
Therefore, U.S EPA
should put the
Part A into the
INACTIVE CATEGORY
(FACILITY CLOSED)
PHS
4-17-84

RECEIVED

APR 06 1984

WASTE MANAGEMENT
BRANCH

Mr. Bill Miner
RCRA Activities
Part B Permit Application
U.S.E.P.A. Region
P.O. Box A 3587
Chicago, IL 60690-3587

Mr. Rama K. Chaturvedi
RCRA Unit
Permit Section
Division of Land Pollution Control
Illinois Environmental Protection Agency
2200 Churchill Road
Springfield, IL 62706

FOR OFFICIAL USE ONLY									
APPLICATION APPROVED			DATE RECEIVED (yr., mo., & day)				COMMENTS		
23			24	7		29			

Place an "X" in the appropriate box in A or B below (*mark one box only*) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item 1 above.

☐ 2. NEW FACILITY (Complete item below.)

☒ 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)

YR.		MO.		DAY	

FOR NEW FACILITIES,
PROVIDE THE DATE
(yr., mo., & day) OPERA-
TION BEGAN OR IS
EXPECTED TO BEGIN

C	YR.	MO.	DAY	FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)
8	6 4	0 3	0 1	
15	23 24	75 76	77 78	

15	73	74	75	76	77	78
B. REVISED APPLICATION (place an "X" below and complete Item I above)						

☐ 1. FACILITY HAS INTERIM STATUS

☐ 2. FACILITY HAS A RCRA PERMIT

A. PROCESS CODE — Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (*including its design capacity*) in the space provided on the form (*Item III-C*).

B. PROCESS DESIGN CAPACITY — For each code entered in column A enter the capacity of the process.

1. AMOUNT — Enter the amount.

2. **UNIT OF MEASURE** — For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:			Treatment:		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS		T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
Disposal:			OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			
UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G	LITERS PER DAY	V	ACRE-FEET	A
LITERS	L	TONS PER HOUR	D	HECTARE-METER	F
CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	B
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	G
GALLONS PER DAY	U	LITERS PER HOUR	H		

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

S			T/A C			3 1			12			13 14 15			
C			DUP												
LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY			FOR OFFICIAL USE ONLY	LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY			FOR OFFICIAL USE ONLY				
		1. AMOUNT (specify)	2. UNIT OF MEASURE (enter code)					1. AMOUNT (specify)	2. UNIT OF MEASURE (enter code)						
16	18	19	27	28	29	31	32	16	18	19	27	28	29	31	32
X-1	S 0 2	600	G					5							
X-2	T 0 3	20	E					6							
1	S 0 1	63360000	G					7							
								8							
3								9							
4								10							

II. PROCESSES (continued)

1. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04" FOR EACH PROCESS ENTERED HERE
INCLUDE DESIGN CAPACITY.

IV. DESCRIPTION OF HAZARDOUS WASTES

- A. EPA HAZARDOUS WASTE NUMBER** — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.
- B. ESTIMATED ANNUAL QUANTITY** — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.
- C. UNIT OF MEASURE** — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE
POUNDS	P
TONS	T

METRIC UNIT OF MEASURE	CODE
KILOGRAMS	K
METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES**1. PROCESS CODES:**

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
- In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
- Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

EPA I.D. NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY												
<div style="display: flex; justify-content: space-between;"> W I L D 0 6 4 6 2 6 3 4 4 T/A C 3 1 </div>													<div style="display: flex; justify-content: space-between;"> W DUP T/A C 3 2 DUP </div>												
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																									
NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES																					
				<div style="display: flex; justify-content: space-between;"> <div>1. PROCESS CODES (enter)</div> <div>2. PROCESS DESCRIPTION (if a code is not entered in D(1))</div> </div>																					
1	F 0 0 5	150000	T	S 0 1																					
2	F 0 0 2																								
3	U 1 5 9																								
4	F 0 1 7																								
5	F 0 1 7	94000	T	S 0 1																					
6	U 2 3 9	9400	T	S 0 1																					
7	U 0 5 7																								
8	U 2 2 0																								
9	U 1 5 9																								
10	F 0 1 8																								
11	F 0 1 8	72000	T	S 0 1																					
12	F 0 1 7																								
13	U 2 3 9	72000	T	S 0 1																					
14	U 0 5 7																								
15	U 2 2 0																								
16	U 1 5 9																								
17																									
18																									
19																									
20																									
21																									
22																									
23																									
24																									
25																									
26																									

IV. DESCRIPTION OF HAZARDOUS WASTE

(continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. (enter from page 1)

S	F	I	L	D	0	6	4	6	2	6	3	4	4	3	6
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

F6: A/55

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

F6: A/56

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

LONGITUDE (degrees, minutes, & seconds)

3	8	2	9	4	0	0
65	66	67	68	69	70	71

0	8	9	0	8	5	8	0
72	73	74	75	76	77	78	79

VIII. FACILITY OWNER

- ☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

Robert F. Swift - Division Vice
Pres. & General Mgr.

B. SIGNATURE

Robert F. Swift

C. DATE SIGNED

11/13/80

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

FORM 1		ENVIRONMENTAL PROTECTION AGENCY		I. EPA I.D. NUMBER	
GENERAL		GENERAL INFORMATION		S I L D 0 6 4 6 2 6 3 4 4 3 D	
LABEL ITEMS		Consolidated Permits Program		GENERAL INSTRUCTIONS	
(Read the "General Instructions" before starting.)				If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.	
EPA I.D. NUMBER		ILD064626344			
III. FACILITY NAME		ROCKWELL INTERNATIONAL CORP			
V. FACILITY MAILING ADDRESS		PO BOX 588 CENTRALIA, IL 62801			
VI. FACILITY LOCATION		INDUSTRIAL PARK HWY 51 CENTRALIA, IL 62801			
II. POLLUTANT CHARACTERISTICS					
INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.					
SPECIFIC QUESTIONS		MARK 'X'		SPECIFIC QUESTIONS	
		YES NO FORM ATTACHED			
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X X		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)		X X		F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)	
III. NAME OF FACILITY					
1 SKIP ROCKWELL INTERNATIONAL PLASTICS DIV					
IV. FACILITY CONTACT					
A. NAME & TITLE (last, first, & title)					
2 LOVETT RICHARD PROJECT ENG.					
B. PHONE (area code & no.)					
618 532 1871					
V. FACILITY MAILING ADDRESS					
A. STREET OR P.O. BOX					
3 P.O. BOX 588					
B. CITY OR TOWN					
4 CENTRALIA					
C. STATE					
IL					
D. ZIP CODE					
62801					
VI. FACILITY LOCATION					
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER					
5 4002 INDUSTRIAL PARK					
B. COUNTY NAME					
MARION					
C. CITY OR TOWN					
6 CENTRALIA					
D. STATE					
IL					
E. ZIP CODE					
62801					
F. COUNTY CODE (if known)					
121					

VIII. OPERATOR INFORMATION

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)

E. STREET OR P.O. BOXF. CITY OR TOWN

X. EXISTING ENVIRONMENTAL PERMITS

B. UIC (Underground Injection of Fluids)

C. RCRA (Hazardous Wastes)

XI. MAP

XII. NATURE OF BUSINESS (provide a brief description)

F9: 4/51

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

COMMENTS FOR OFFICIAL USE ONLY

PA Form 3510-1 (6-80)

FORM 3 RCRA		U.S. ENVIRONMENTAL PROTECTION AGENCY HAZARDOUS WASTE PERMIT APPLICATION Consolidated Permits Program (This information is required under Section 3005 of RCRA.)	I. EPA I.D. NUMBER														
			S I L D 6 4 6 2 6 3 4 4 3 1														
			1 2 3 4 5 6 7 8 9 10 11 12 13 14 15														

FOR OFFICIAL USE ONLY														
APPLICATION APPROVED					DATE RECEIVED (yr., mo., & day)					COMMENTS				
23					24 - 29									

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)

☒ 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)

☐ 2. NEW FACILITY (Complete item below.)

FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)

YR.	MO.	DAY
8	6	4
73	74	75

YR.	MO.	DAY
73	74	75

FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN

YR.	MO.	DAY
73	74	75

B. REVISED APPLICATION (place an "X" below and complete Item I above)

☐ 1. FACILITY HAS INTERIM STATUS

☐ 2. FACILITY HAS A RCRA PERMIT

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO-CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PRO-CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:			Treatment:		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS		T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	SURFACE IMPOUNDMENT		
	S04	GALLONS OR LITERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
Disposal:				T04	GALLONS PER DAY OR LITERS PER DAY
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			

UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G	LITERS PER DAY	V	ACRE-FEET	A
LITERS	L	TONS PER HOUR	D	HECTARE-METER	F
CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	B
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	Q
GALLONS PER DAY	U	LITERS PER HOUR	H		

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

LINE NUMBER	A. PRO-CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY	LINE NUMBER	A. PRO-CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY
		1. AMOUNT (specify)	2. UNIT OF MEASURE (enter code)				1. AMOUNT	2. UNIT OF MEASURE (enter code)	
X-1	S 0 2	600	G		5				
X-2	T 0 3	20	E		6				
1	S 6 1	6336	G		7				
					8				
3					9				
4					10				

III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE **CODE**
 POUNDS.....P
 TONS.....T

METRIC UNIT OF MEASURE **CODE**
 KILOGRAMS.....K
 METRIC TONS.....M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES**1. PROCESS CODES:**

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

Continued from page 2.

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

Form Approved OMB No. 158-S80004

EPA I.D. NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY											
W I L D 0 6 4 6 2 6 3 4 4 3 1													W DUP 3 2 DUP											
DESCRIPTION OF HAZARDOUS WASTES (continued)													D. PROCESSES											
LINE	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	1. PROCESS CODES (enter)								2. PROCESS DESCRIPTION (if a code is not entered in D(1))												
				23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40			
001	F 0 0 5	150000	T	S 0 1																				
002	F 0 0 2																		Included with above					
003	U 1 5 9																		Included with above.					
004	F 0 1 7																		Included with above.					
005	F 0 1 7	94000	T	S 0 1																				
006	U 2 3 9	9400	T	S 0 1															Included with above.					
007	U 0 5 7																		Included with above.					
008	U 2 2 0																		Included with above.					
009	U 1 5 9																		Included with above.					
010	F 0 1 8																		Included with above.					
011	F 0 1 8	72000	T	S 0 1																				
012	F 0 1 7																		Included with above.					
013	U 2 3 9	72000	T	S 0 1															Included with above.					
014	U 0 5 7																		Included with above.					
015	U 2 2 0																		Included with above.					
016	U 1 5 9																		Included with above.					
17																								
18																								
19																								
20																								
21																								
22																								
23																								
24																								
25																								
26																								

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. (enter from page 1)															
S														T/A	C
F	I	L	D	0	6	4	6	2	6	3	4	4		3	6
1	2						-						13	14	15

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

All existing facilities must include photographs (*aerial or ground-level*) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (*see instructions for more detail*). F6: A/56

LATITUDE (degrees, minutes, & seconds)

3	8	2	9	4	0	0
65	66	67	68	69	-	71

LONGITUDE (degrees, minutes, & seconds)

\emptyset	8	9	\emptyset	8	5	8	8
72	-	74	75	76	77	-	79

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER2. PHONE NO. (area code & no.)[illegible]

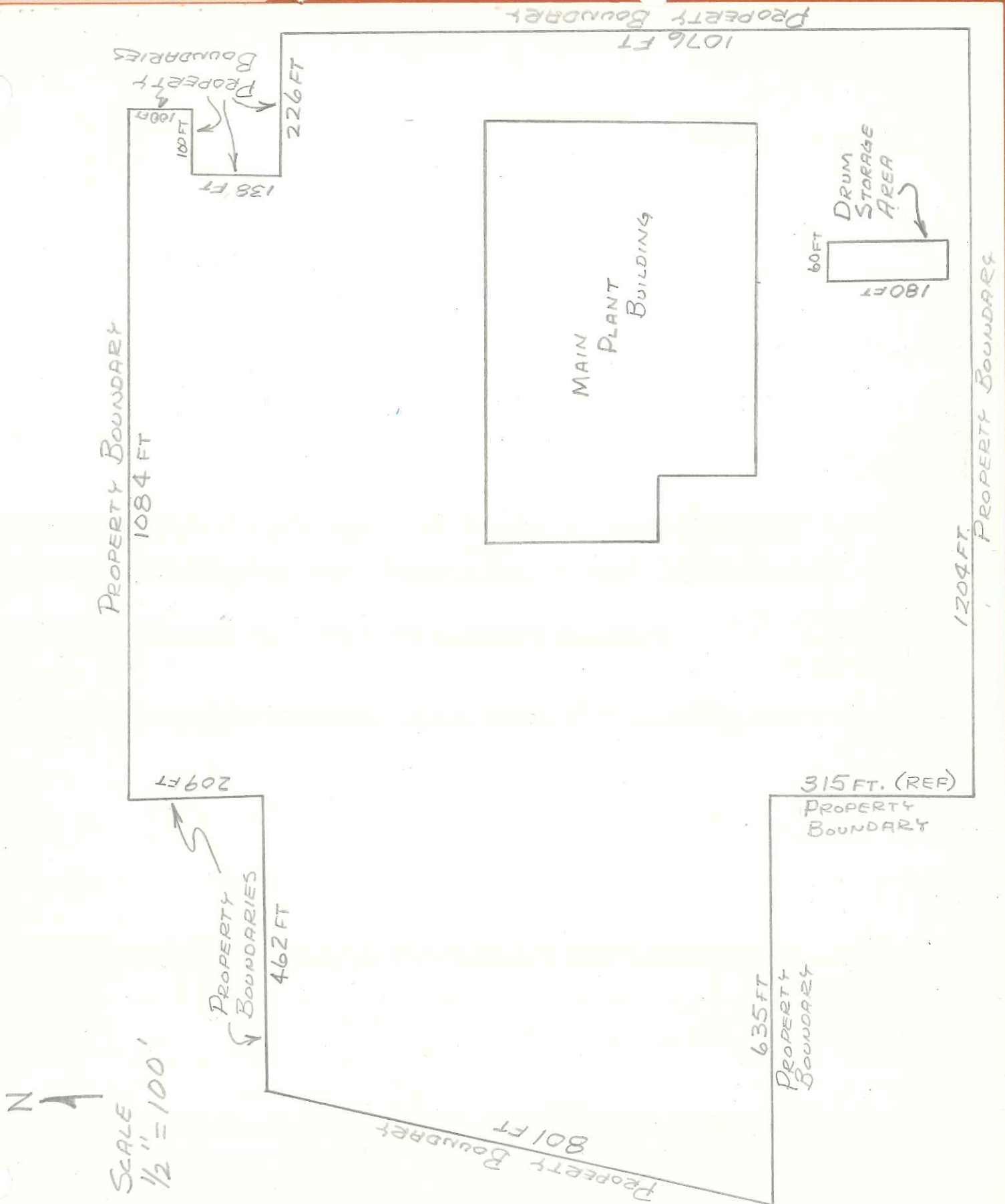
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
Robert F. Swift - Division Vice Pres. & General Mgr.		11/13/80

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED

V. FACILITY DRAWING (see page 4)



ROCKWELL INTERNATIONAL CORP.

SUPPLEMENT TO FORM I

ROCKWELL INTERNATIONAL

CENTRALIA, ILLINOIS

EPA I.D. NO. ILD064626344ITEM X. EXISTING ENVIRONMENTAL PERMITSE. OTHER

05020133	ILL. E.P.A. -*A.P.C. Operating Permit
05020137	ILL. E.P.A. - A.P.C. Operating Permit
05020138	ILL. E.P.A. - A.P.C. Operating Permit
06060003	ILL. E.P.A. - A.P.C. Operating Permit
05020134	ILL. E.P.A. - A.P.C. Operating Permit
08120019	ILL. E.P.A. - A.P.C. Operating Permit
790905	ILL. E.P.A. - Special Waste Disposal Permit
790906	ILL. E.P.A. - Special Waste Disposal Permit
790907	ILL. E.P.A. - Special Waste Disposal Permit
790909	ILL. E.P.A. - Special Waste Disposal Permit
790910	ILL. E.P.A. - Special Waste Disposal Permit
709014	ILL. E.P.A. - Special Waste Disposal Permit

* A.P.C. - Air Pollution Control

FORM 1
GENERAL LABEL ITEMS

I. EPA I.D. NUMBER
ILD064626344

FACILITY NAME
ROCKWELL INTERNATIONAL CORP

V. FACILITY MAILING ADDRESS
PO BOX 588
CENTRALIA, IL 62801

VI. FACILITY LOCATION
INDUSTRIAL PARK HWY 51
CENTRALIA, IL 62801

I. EPA I.D. NUMBER
S I L D 0 6 4 6 2 6 3 4 4 T/A C
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15

GENERAL INSTRUCTIONS
If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)	X		X
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X		X
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	
B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

III. NAME OF FACILITY

1 SKIP ROCKWELL INTERNATIONAL PLASTICS DIV

IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title)		B. PHONE (area code & no.)	
2 LOVETT RICHARD PROJECT ENG.		618 532 1871	

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX		B. CITY OR TOWN		C. STATE	D. ZIP CODE
3 P.O. BOX 588		CENTRALIA	IL	62801	

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER		B. COUNTY NAME		C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE (if known)
5 4002 INDUSTRIAL PARK		ARIAN		CENTRALIA	IL	62801	121

FORM 3
RCRA
U.S. ENVIRONMENTAL PROTECTION AGENCY
HAZARDOUS WASTE PERMIT APPLICATION
Consolidated Permits Program
(This information is required under Section 3005 of RCRA.)

I. EPA I.D. NUMBER
S
F I L D 6 4 6 2 6 3 4 4
T/A C
3 1

FOR OFFICIAL USE ONLY
APPLICATION APPROVED
DATE RECEIVED (yr., mo., & day)
COMMENTS

II. FIRST OR REVISED APPLICATION
Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)
☒ 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)
C YR. MO. DAY
8 6 4 0 3 0 1
FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)
☐ 2. NEW FACILITY (Complete item below.)
FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN
C YR. MO. DAY
73 74 75 76 77 78
B. REVISED APPLICATION (place an "X" below and complete Item I above)
☐ 1. FACILITY HAS INTERIM STATUS
☐ 2. FACILITY HAS A RCRA PERMIT

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.
1. AMOUNT - Enter the amount.
2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:			Treatment:		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS	OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY
Disposal:					
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			
UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE CODE
GALLONS	G	LITERS PER DAY	V	ACRE-FEET	A
LITERS	L	TONS PER HOUR	D	HECTARE-METER	F
CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	B
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	Q
GALLONS PER DAY	U	LITERS PER HOUR	H		

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

S
C
T/A C
3 1
1 2
13 14 15
16 18 19 27 28 29 32
LINE NUMBER
A. PROCESS CODE (from list above)
B. PROCESS DESIGN CAPACITY
1. AMOUNT (specify)
2. UNIT OF MEASURE (enter code)
FOR OFFICIAL USE ONLY
X-1 S 0 2 600 G
X-2 T 0 3 20 E
1 S 0 1 63360000 G
3
4
16 18 19 27 28 29 32

Continued from page 2.
NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

EPA I.D. NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY												
S I L D 0 6 4 6 2 6 3 4 4 3 1													W DUP 3 2 DUP												
IV DESCRIPTION OF HAZARDOUS WASTES (continued)																									
LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES																					
				1. PROCESS CODES (enter)								2. PROCESS DESCRIPTION (if a code is not entered in D(1))													
23	26	27	35	36	27	29	27	29	27	29	27	29													
001	F 0 0 5	150000	T	S 0 1																					
002	F 0 0 2													Included with above											
003	U 1 5 9													Included with above.											
004	F 0 1 7													Included with above.											
005	F 0 1 7	94000	T	S 0 1																					
006	U 2 3 9	94000	T	S 0 1										Included with above											
007	U 0 5 7													Included with above.											
008	U 2 2 0													Included with above.											
009	U 1 5 9													Included with above.											
010	F 0 1 8													Included with above.											
011	F 0 1 8	72000	T	S 0 1																					
012	F 0 1 7													Included with above.											
013	U 2 3 9	72000	T	S 0 1										Included with above.											
014	U 0 5 7													Included with above.											
015	U 2 2 0													Included with above.											
016	U 1 5 9													Included with above.											
17																									
18																									
19																									
20																									
21																									
22																									
23																									
24																									
25																									
26																									

IV. DESCRIPTION OF HAZARDOUS WASTE

(continued)

E. USE THIS SPACE TO LIST ADDITIONAL

PROCESS CODES FROM ITEM D(1) ON PAGE

EPA I.D. NO. (enter from page 1)

S	F	I	L	D	0	6	4	6	2	6	3	4	4	3	6
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

F6: A/55

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

F6: A/56

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

LONGITUDE (degrees, minutes, & seconds)

3	8	2	9	4	4	0
65	66	67	68	69	70	71

0	8	9	0	8	5	8
72	73	74	75	76	77	78

VIII. FACILITY OWNER

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

Robert F. Swift - Division Vice
Pres. & General Mgr.

B. SIGNATURE

Robert F. Swift

C. DATE SIGNED

11/13/80

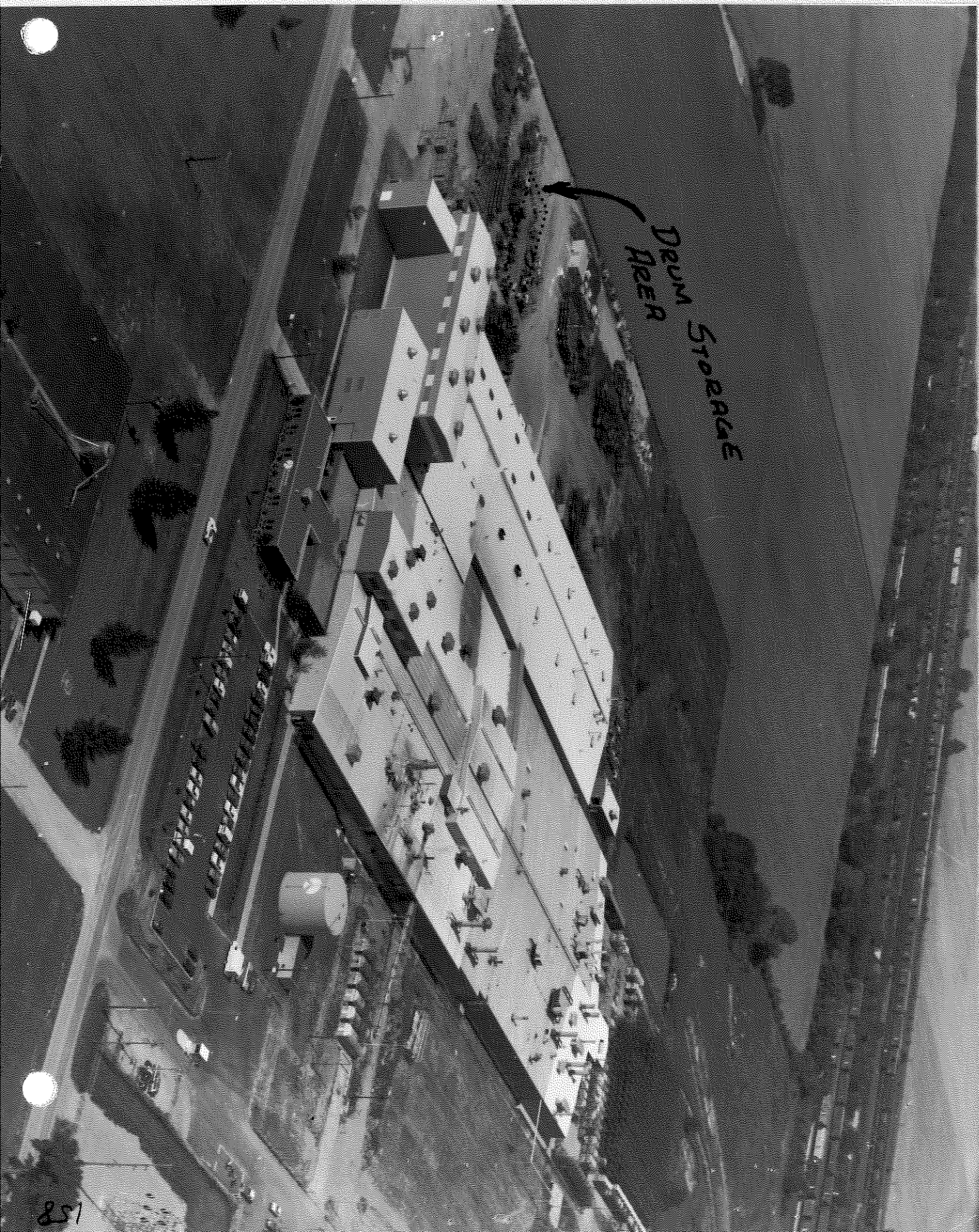
X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

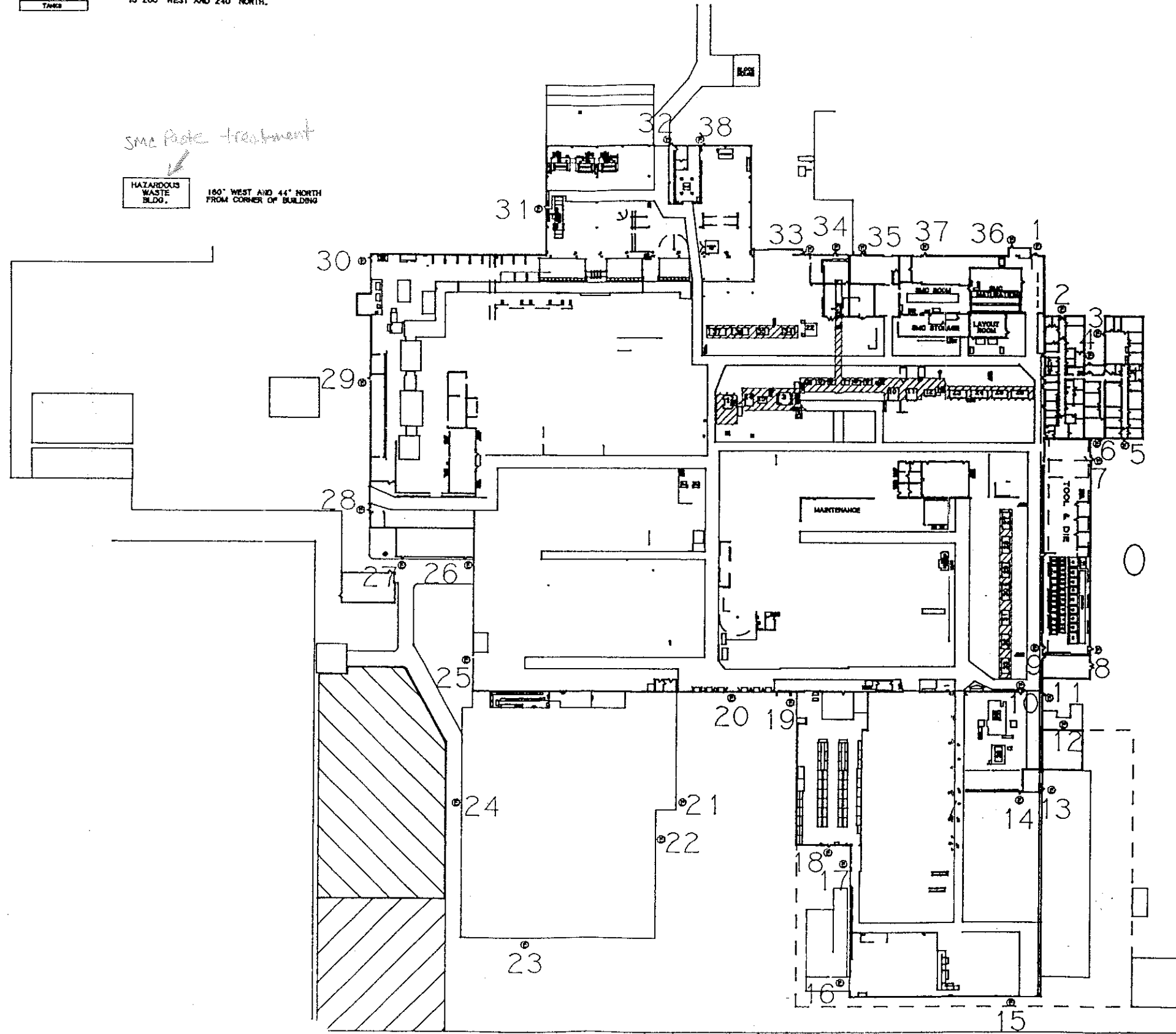


DEUM
STORAGE

PROFANE
GAS
ACTIVE DISTANCE FROM CORNER OF
BUILDING TO CORNER OF PROFANE TANKS
IS 280" WEST AND 240" NORTH.

SMA Plate treatment

HAZARDOUS
WASTE
BLDG.
150" WEST AND 44" NORTH
FROM CORNER OF BUILDING



4 626 344 121 80200 1
CAMBRIDGE IND INC
2400 S WABASH AVE
CENTRALIA IL
62801

ILLINOIS Environmental Protection Agency
1996 Hazardous Waste Report
Form IC -- Identification and Certification

Instructions for this form found on pages 6-11

This form must be completed for the location shown on the above label. If you need additional forms for other locations, call IEPA.

SECTION 1. GENERATOR STATUS

A. 31 1 RCRA Generator Status (enter one code)

- 1 = LQG
2 = SQG
3 = CESQG
4 = Nongenerator (continue to Box B)

} Skip to Box C

B. Reason for not generating (Check all that apply)

- 32 Never generated
33 Out of business
34 Only excluded or delisted waste generated
35 Only non-hazardous waste generated
36 Periodic generator, none in reporting year
37 Waste minimization activity
38 Other (specify in comments box)

C. 39 1 Status Time Period: 1 = Expected to be the same next year and following years 2 = Expected to change next year

SECTION 2. ENTER THE SIC CODE(S) FOR THIS LOCATION

40 3714 44 48 52

SECTION 3. ON-SITE WASTE MANAGEMENT STATUS (enter one code for each question)

- A. 56 1 RCRA regulated (permitted or interim status) storage
B. 57 RCRA permitted or interim status treatment, disposal, or recycling
C. 58 Treatment, disposal, or recycling exempt from RCRA permit requirements

SECTION 4. WASTE MINIMIZATION ACTIVITY DURING THE REPORTING YEAR. (Only LQGs are required either to complete Section IV or submit detailed waste minimization description (see page 3).)

A. 59 Y Does your facility have a waste minimization plan or organized approach to investigate source reduction and recycling opportunities? Enter Y for Yes (Continue to Question B) or N for No (Skip to Question C)

B. Enter Y (Yes) for all activities that describe your waste minimization program.

- a. 60 N Set a waste minimization goal
b. 61 Y Use team approach for planning
c. 62 Y Provide employee training
d. 63 Y Identify types and amounts of waste generated by various processes and their causes
e. 64 Y Assess total costs of waste management
f. 65 N Prioritize waste minimization options based on costs, benefits and feasibility
g. 66 Y Periodically update the program and re-evaluate options
h. 67 Y Encourage employees to offer waste minimization suggestions
i. 68 N Incorporate waste minimization into procurement, marketing and product development activities
j. 69 Other (describe in comments box)

C. What kind of incentives would you like to see developed to help promote more source reduction activity at your facility? Enter Y (Yes) for all that apply.

- a. 70 Y Tax incentives
b. 71 Loan assistance for equipment
c. 72 Y Compliance flexibility
d. 73 On-site technical assistance
e. 74 Y Regulatory compliance assistance
f. 75 Y Employee training
g. 76 Y R&D assistance
h. 77 Y Expedited permit review
i. 78 Other (enter comments on separate page)

D. Would you like to receive information on waste minimization? Enter Y (Yes) for information requested.

- a. 79 Y General information packet on how to develop a plan for eliminating or reducing waste
b. 80 Y Fact sheet on industry or process-specific source reduction options
c. 81 On-site technical consultation
d. 82 Y Information on future conferences and workshops

Comments: 83 Enter Y (Yes) if you have comments regarding this page and attach extra sheet.

Section 5. The Environmental Protection Agency is authorized to require this information under the Illinois Compiled Statutes ("ILCS"), 1994 as amended, Chapter 415 ILCS 5/4 and 21. Disclosure of this information is required. Failure to disclose this information may result in civil and criminal penalties pursuant to 415 ILCS 5/42 and 44. This form has been approved by the Forms Management Center.

Certification: I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. Please print: Last Name Clark First Name Scott B. Title Hant Manager
C. Signature [Signature] D. Date of Signature 2/28/97
Page 13 00001 of 00027

CAMBRIDGE IND INC
2400 S WABASH AVE
CENTRALIA

IL
62801

ILLINOIS Environmental Protection Agency
1996 Hazardous Waste Report
Form GM - Generation and Management

Instructions for this form found on pages 12-27.

SECTION 1. WASTE DESCRIPTION

A. Waste Description: Waste Resin Solution, Tank Unloading, R+D, SMC Production

B. EPA Hazardous Waste Code: 2001

C. SIC code: 3714

D. Origin Code: 1 System type: M E. Source Code: A51 A58 A

F. Point of Measurement: 1 G. Waste form code: B212

H. Radioactive mixed: 2 I. TRI Constituent: 3

J. CAS numbers: 1. 100-42-5 2. 100-42-5 3. 100-42-5
4. 100-42-5 5. 100-42-5

SECTION 2. QUANTITY GENERATED

A. UOM: 1 Density 8.61 (Same unit and density must be used for all quantities on this page).

Quantity generated in: B. Previous reporting year: 1430.0

C. Current reporting year: 1705.0

D. QUANTITY MANAGED ON-SITE: Did this location manage some or all of this waste in exempt or regulated treatment, recycling, or disposal units at this location? Y Y = Yes (continue to system 1) N = No (skip to section 3)

On-Site System 1: System Type M Status 142 Quantity managed on-site this year: 147

On-Site System 2: System Type M Status 157 Quantity managed on-site this year: 162

SECTION 3. OFF-SITE SHIPMENT

A. Was any of this waste shipped off site this reporting year? Y Y = Yes (Continue to Site 1) N = No (Skip to Section 4)

SITE 1. Name and address of facility: Safety Klean Corp.
3700 Lagrange Road
Smithfield, KY 40068

B. U.S. EPA ID No. of facility waste was shipped to: KYD053348108

C. System type shipped to: M061 D. Off-site availability code: 1

E. Total quantity shipped in this reporting year: 1100.0

SITE 2. Name and address of facility: Essex Waste Management Services, Inc.
1483 S.W. Hwy. 58
Kingsville, MO 64061

B. U.S. EPA ID No. of facility waste was shipped to: MO0980962849

C. System type shipped to: M061 D. Off-site availability code: 1

E. Total quantity shipped in this reporting year: 275.0

SECTION 4. WASTE MINIMIZATION ACTIVITIES

A. Did you engage in any waste minimization activities for this reporting year? Y Y = Yes (Cont to Box B) N = No (Cont to Section 5)

B. Activity: W W W W W W C. Other Effects? (Y = Yes, N = No) 246

D. How many new waste minimization activities were implemented in this reporting year for this waste? 247 (Number)

E. Quantity recycled in reporting year due to new activities: 248

F. Activity/Production index: 258 G. Source Reduction quantity due to new activities: 261

SECTION 5. REGULATED STORAGE

A. Did this site store RCRA wastes 90 days or more and then ship it off-site (to site shown in Section 3)? (Y=Yes, N=No) Y

B. Did this site store RCRA wastes on-site for more than 90 days but waste is in storage at year end: (Y=Yes, N=No) Y

Quantity stored at year end and for 90 days or more, generated this reporting year: 273

Quantity stored at year end that was generated prior to this reporting year: 283

COMMENTS: Enter Y (Yes) if you have comments regarding this page and attach extra sheet. Page 00002

CAMBRIDGE IND INC
2400 S WABASH AVE
CENTRALIA

IL
62801

ILLINOIS Environmental Protection Agency
1996 Hazardous Waste Report
Form GM - Generation and Management

Instructions for this form found on pages 12-27.

SECTION 1. WASTE DESCRIPTION

A. Waste Description: Waste Resin Solution, Tank Unloading, R+D, SMC Productions
B. EPA Hazardous Waste Code: 0001
C. SIC code: 3714
D. Origin Code: 1 System type: M E. Source Code: A51 A58 A
F. Point of Measurement: 1 G. Waste form code: B22
H. Radioactive mixed: 2 I. TRI Constituent: 3
J. CAS numbers: 1. 100-42-5 2. - 3. -
4. - 5. -

SECTION 2. QUANTITY GENERATED

A. UOM: 1 Density 8.61 (Same unit and density must be used for all quantities on this page).

Quantity generated in: B. Previous reporting year: 121

C. Current reporting year: 131

D. QUANTITY MANAGED ON-SITE: Did this location manage some or all of this waste in exempt or regulated treatment, recycling, or disposal units at this location? Y = Yes (continue to system 1) N = No (skip to section 3)

On-Site System 1: System Type M Status 142 Quantity managed on-site this year: 147

On-Site System 2: System Type M Status 157 Quantity managed on-site this year: 162

SECTION 3. OFF-SITE SHIPMENT

A. Was any of this waste shipped off site this reporting year? Y Y = Yes (Continue to Site 1) N = No (Skip to Section 4)

SITE 3. Name and address of facility: LADLAW ENVIRONMENTAL SVC (RECOVERY)
2029 BAYOU PLAQUEMINE ROAD
RAYNE, LA 70578

B. U.S. EPA ID No. of facility waste was shipped to: LA D 079464095

C. System type shipped to: M061 D. Off-site availability code: 1

E. Total quantity shipped in this reporting year: 495.0

SITE 2. Name and address of facility:

B. U.S. EPA ID No. of facility waste was shipped to: 200

C. System type shipped to: M D. Off-site availability code: 215

E. Total quantity shipped in this reporting year: 217

SECTION 4. WASTE MINIMIZATION ACTIVITIES

A. Did you engage in any waste minimization activities for this reporting year? Y Y = Yes (Cont to Box B) N = No (Cont to Section 5)

B. Activity: W W W W W W C. Other Effects? (Y = Yes, N = No) 246

D. How many new waste minimization activities were implemented in this reporting year for this waste? 247 (Number)

E. Quantity recycled in reporting year due to new activities: 248

F. Activity/Production index: 258 G. Source Reduction quantity due to new activities: 261

SECTION 5. REGULATED STORAGE

A. Did this site store RCRA wastes 90 days or more and then ship it off-site (to site shown in Section 3)? (Y=Yes, N=No)

B. Did this site store RCRA wastes on-site for more than 90 days but waste is in storage at year end: (Y=Yes, N=No)

Quantity stored at year end and for 90 days or more, generated this reporting year: 273

Quantity stored at year end that was generated prior to this reporting year: 283

COMMENTS: Enter Y (Yes) if you have comments regarding this page and attach extra sheet. Page 00003

CAMBRIDGE IND INC
2400 S WABASH AVE
CENTRALIA

IL
62801

ILLINOIS Environmental Protection Agency
1996 Hazardous Waste Report
Form GM -- Generation and Management

Instructions for this form found on pages 12-27.

SECTION 1. WASTE DESCRIPTION

A. Waste Description: Waste Resin Solution, Off Spec SMC Paste
B. EPA Hazardous Waste Code: 0001
C. SIC code: 3714
D. Origin Code: 1 System type: M E. Source Code: A57 A A
F. Point of Measurement: 1 G. Waste form code: B212
H. Radioactive mixed: 2 I. TRI Constituent: 3
J. CAS numbers: 1. 100-42-5 2. --- 3. ---
4. --- 5. ---

SECTION 2. QUANTITY GENERATED

A. UOM: 1 Density: 2.53 (Same unit and density must be used for all quantities on this page).

Quantity generated in: B. Previous reporting year: 0.0

C. Current reporting year: 495.0

D. QUANTITY MANAGED ON-SITE: Did this location manage some or all of this waste in exempt or regulated treatment, recycling, or disposal units at this location? Y Y = Yes (continue to system 1) N = No (skip to section 3)

On-Site System 1: System Type M Status --- Quantity managed on-site this year: ---

On-Site System 2: System Type M Status --- Quantity managed on-site this year: ---

SECTION 3. OFF-SITE SHIPMENT

A. Was any of this waste shipped off site this reporting year? Y Y = Yes (Continue to Site 1) N = No (Skip to Section 4)

SITE 1. Name and address of facility: Safety Kleen, Corp.
3700 Lagrange Road
Smithfield, KY 40068

B. U.S. EPA ID No. of facility waste was shipped to: KY 0053348108

C. System type shipped to: M061 D. Off-site availability code: 1

E. Total quantity shipped in this reporting year: 495.0

SITE 2. Name and address of facility:

B. U.S. EPA ID No. of facility waste was shipped to: ---

C. System type shipped to: M D. Off-site availability code: ---

E. Total quantity shipped in this reporting year: ---

SECTION 4. WASTE MINIMIZATION ACTIVITIES

A. Did you engage in any waste minimization activities for this reporting year? Y Y = Yes (Cont to Box B) N = No (Cont to Section 5)

B. Activity: W W W W W W C. Other Effects? (Y = Yes, N = No) ---

D. How many new waste minimization activities were implemented in this reporting year for this waste? --- (Number)

E. Quantity recycled in reporting year due to new activities: ---

F. Activity/Production index: --- G. Source Reduction quantity due to new activities: ---

SECTION 5. REGULATED STORAGE

A. Did this site store RCRA wastes 90 days or more and then ship it off-site (to site shown in Section 3)? (Y=Yes, N=No)

B. Did this site store RCRA wastes on-site for more than 90 days but waste is in storage at year end: (Y=Yes, N=No)

Quantity stored at year end and for 90 days or more, generated this reporting year: ---

Quantity stored at year end that was generated prior to this reporting year: ---

COMMENTS: Y Enter Y (Yes) if you have comments regarding this page and attach extra sheet. Page 00004

Instructions for this form found on pages 12-27.

SECTION 1. WASTE DESCRIPTION

A. Waste Description: Waste Resin Solution, Smc Paste Spills
B. EPA Hazardous Waste Code: 8001
C. SIC code: 3714
D. Origin Code: 2 System type: M E. Source Code: A53 A51 A
F. Point of Measurement: 1 G. Waste form code: B403
H. Radioactive mixed: 2 I. TRI Constituent: 3
J. CAS numbers: 1. 100-42-5 2. 100-42-5 3. 100-42-5
4. 100-42-5 5. 100-42-5

SECTION 2. QUANTITY GENERATED

A. UOM: 1 Density 1.251 (Same unit and density must be used for all quantities on this page).
Quantity generated in: B. Previous reporting year: 1540.0
C. Current reporting year: 495.0
D. QUANTITY MANAGED ON-SITE: Did this location manage some or all of this waste in exempt or regulated treatment, recycling, or disposal units at this location? N Y = Yes (continue to system 1) N = No (skip to section 3)
On-Site System 1: System Type M Status 142 Quantity managed on-site this year: 147
On-Site System 2: System Type M Status 157 Quantity managed on-site this year: 162

SECTION 3. OFF-SITE SHIPMENT

A. Was any of this waste shipped off site this reporting year? Y Y = Yes (Continue to Site 1) N = No (Skip to Section 4)
SITE 1. Name and address of facility: Safety Klean Corp
3200 Leverage Road
Sm. Mt. Field, KY 40068
B. U.S. EPA ID No. of facility waste was shipped to: KY 0053348108
C. System type shipped to: M061 D. Off-site availability code: 1
E. Total quantity shipped in this reporting year: 330.0
SITE 2. Name and address of facility: Essex Waste Management Services, Inc.
14835 W. Hwy 58
Kingsville, Mo 64061
B. U.S. EPA ID No. of facility waste was shipped to: MO 0980962849
C. System type shipped to: M061 D. Off-site availability code: 1
E. Total quantity shipped in this reporting year: 55.0

SECTION 4. WASTE MINIMIZATION ACTIVITIES

A. Did you engage in any waste minimization activities for this reporting year? N Y = Yes (Cont to Box B) N = No (Cont to Section 5)
B. Activity: W W W W W W C. Other Effects? (Y = Yes, N = No) N
228 231 234 237 240 243 246
D. How many new waste minimization activities were implemented in this reporting year for this waste? 247 (Number)
E. Quantity recycled in reporting year due to new activities: 248
F. Activity/Production index: 258 G. Source Reduction quantity due to new activities: 261

SECTION 5. REGULATED STORAGE

A. Did this site store RCRA wastes 90 days or more and then ship it off-site (to site shown in Section 3)? (Y=Yes, N=No) N
B. Did this site store RCRA wastes on-site for more than 90 days but waste is in storage at year end: (y=Yes, N=No) N
Quantity stored at year end and for 90 days or more, generated this reporting year: 273
Quantity stored at year end that was generated prior to this reporting year: 283

COMMENTS: N Enter Y (Yes) if you have comments regarding this page and attach extra sheet. Page 00005
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ILD 064 626 344 121 80200 11

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Instructions for this form found on pages 12-27.

SECTION 1. WASTE DESCRIPTION

A. Waste Description: Waste Resin Solution, SMC Paste Spills
B. EPA Hazardous Waste Code: 1001
C. SIC code: 3714
D. Origin Code: 2 System type: M E. Source Code: A53 A51 A
F. Point of Measurement: 1
G. Waste form code: B403
H. Radioactive mixed: 2
I. TRI Constituent: 3
J. CAS numbers: 1. 100-42-5 2. 2 3. 2
4. 2 5. 2

SECTION 2. QUANTITY GENERATED

A. UOM: 1 Density 1.51 (Same unit and density must be used for all quantities on this page).

Quantity generated in: B. Previous reporting year: 121
C. Current reporting year: 131

D. QUANTITY MANAGED ON-SITE: Did this location manage some or all of this waste in exempt or regulated treatment, recycling, or disposal units at this location? Y = Yes (continue to system 1) N = No (skip to section 3)

On-Site System 1: System Type M Status 142 Quantity managed on-site this year: 147
On-Site System 2: System Type M Status 157 Quantity managed on-site this year: 162

SECTION 3. OFF-SITE SHIPMENT

A. Was any of this waste shipped off site this reporting year? Y = Yes (Continue to Site 1) N = No (Skip to Section 4)

SITE 1. Name and address of facility: LADLAN ENVIRONMENTAL SVC (RECOVERY)
2029 BAYOU PLAQUEMINNE ROAD
RAYNE, LA 70578

B. U.S. EPA ID No. of facility waste was shipped to: LAD079464095
C. System type shipped to: M061 D. Off-site availability code: 1
E. Total quantity shipped in this reporting year: 105.0

SITE 2. Name and address of facility:

B. U.S. EPA ID No. of facility waste was shipped to: 200
C. System type shipped to: M D. Off-site availability code: 216
E. Total quantity shipped in this reporting year: 217

SECTION 4. WASTE MINIMIZATION ACTIVITIES

A. Did you engage in any waste minimization activities for this reporting year? Y = Yes (Cont to Box B) N = No (Cont to Section 5)

B. Activity: W W W W W W C. Other Effects? (Y = Yes, N = No) 246
D. How many new waste minimization activities were implemented in this reporting year for this waste? 247 (Number)
E. Quantity recycled in reporting year due to new activities: 248

F. Activity/Production index: 258 G. Source Reduction quantity due to new activities: 261

SECTION 5. REGULATED STORAGE

A. Did this site store RCRA wastes 90 days or more and then ship it off-site (to site shown in Section 3)? (Y=Yes, N=No) 271
B. Did this site store RCRA wastes on-site for more than 90 days but waste is in storage at year end: (Y=Yes, N=No) 272
Quantity stored at year end and for 90 days or more, generated this reporting year: 273
Quantity stored at year end that was generated prior to this reporting year: 283

COMMENTS: Enter Y (Yes) if you have comments regarding this page and attach extra sheet. Page 00006

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Instructions for this form found on pages 12-27.

SECTION 1. WASTE DESCRIPTION

A. Waste Description: Waste Resin Solution, SMC ~~3000~~, Debris, Liners, etc.

B. EPA Hazardous Waste Code: 5001

C. SIC code: 3714

D. Origin Code: 1 System type: M E. Source Code: A51 A53 A92

F. Point of Measurement: 1 G. Waste form code: B 406

H. Radioactive mixed: 2 I. TRI Constituent: 3

J. CAS numbers: 1. 100-42-5 2. - 3. -
4. - 5. -

SECTION 2. QUANTITY GENERATED

A. UOM: 1 Density: 2.51 (Same unit and density must be used for all quantities on this page).

Quantity generated in: B. Previous reporting year: 1155.0

C. Current reporting year: 170.0

D. QUANTITY MANAGED ON-SITE: Did this location manage some or all of this waste in exempt or regulated treatment, recycling, or disposal units at this location? N Y = Yes (continue to system 1) N = No (skip to section 3)

On-Site System 1: System Type M Status 142 Quantity managed on-site this year: 147

On-Site System 2: System Type M Status 157 Quantity managed on-site this year: 162

SECTION 3. OFF-SITE SHIPMENT

A. Was any of this waste shipped off site this reporting year? Y Y = Yes (Continue to Site 1) N = No (Skip to Section 4)

SITE 1. Name and address of facility: Safety Klean Corp
3700 Laggan Road
Smithfield, KY 40068

B. U.S. EPA ID No. of facility waste was shipped to: KY D053348108

C. System type shipped to: M061 D. Off-site availability code: 1

E. Total quantity shipped in this reporting year: 220.0

SITE 2. Name and address of facility: Essex Waste Management Services, Inc.
1483 S.W. Hwy 58
Kingsport, TN 37601

B. U.S. EPA ID No. of facility waste was shipped to: M00980962849

C. System type shipped to: M061 D. Off-site availability code: 1

E. Total quantity shipped in this reporting year: 385.0

SECTION 4. WASTE MINIMIZATION ACTIVITIES

A. Did you engage in any waste minimization activities for this reporting year? N Y = Yes (Cont to Box B) N = No (Cont to Section 5)

B. Activity: W W W W W W C. Other Effects? (Y = Yes, N = No) -

D. How many new waste minimization activities were implemented in this reporting year for this waste? - (Number)

E. Quantity recycled in reporting year due to new activities: -

F. Activity/Production index: - G. Source Reduction quantity due to new activities: -

SECTION 5. REGULATED STORAGE

A. Did this site store RCRA wastes 90 days or more and then ship it off-site (to site shown in Section 3)? (Y=Yes, N=No) N

B. Did this site store RCRA wastes on-site for more than 90 days but waste is in storage at year end: (Y=Yes, N=No) N

Quantity stored at year end and for 90 days or more, generated this reporting year: -

Quantity stored at year end that was generated prior to this reporting year: -

COMMENTS: N Enter Y (Yes) if you have comments regarding this page and attach extra sheet. Page 00007

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Instructions for this form found on pages 12-27.

SECTION 1. WASTE DESCRIPTION

A. Waste Description: Waste Resin Solution, SMC, Debris, Liners, etc.

B. EPA Hazardous Waste Code: D001

C. SIC code: 3714

D. Origin Code: 1

System type: M

E. Source Code: A51 A53 A92

F. Point of Measurement: 1

G. Waste form code: B406

H. Radioactive mixed: 2

I. TRI Constituent: 3

J. CAS numbers: 1. 100-42-52 3. 92
4. 100 5. 108

SECTION 2. QUANTITY GENERATED

A. UOM: 1 Density 1.251 (Same unit and density must be used for all quantities on this page).

Quantity generated in: B. Previous reporting year: 121

C. Current reporting year: 131

D. QUANTITY MANAGED ON-SITE: Did this location manage some or all of this waste in exempt or regulated treatment, recycling, or disposal units at this location? Y = Yes (continue to system 1) N = No (skip to section 3)

On-Site System 1: System Type M Status 145 Quantity managed on-site this year: 147

On-Site System 2: System Type M Status 151 Quantity managed on-site this year: 162

SECTION 3. OFF-SITE SHIPMENT

A. Was any of this waste shipped off site this reporting year? Y Y = Yes (Continue to Site 1) N = No (Skip to Section 4)

SITE 1. Name and address of facility: LANDAW ENVIRONMENTAL SVC (RECOVERY)
2039 Bayou Plaquemine Road
Rayne, LA 70578

B. U.S. EPA ID No. of facility waste was shipped to: 44079464095

C. System type shipped to: M061 D. Off-site availability code: 1

E. Total quantity shipped in this reporting year: 165.0

SITE 2. Name and address of facility:

B. U.S. EPA ID No. of facility waste was shipped to: 200

C. System type shipped to: M D. Off-site availability code: 216

E. Total quantity shipped in this reporting year: 217

SECTION 4. WASTE MINIMIZATION ACTIVITIES

A. Did you engage in any waste minimization activities for this reporting year? Y Y = Yes (Cont to Box B) N = No (Cont to Section 5)

B. Activity: W W W W W W C. Other Effects? (Y = Yes, N = No) 246

D. How many new waste minimization activities were implemented in this reporting year for this waste? 247 (Number)

E. Quantity recycled in reporting year due to new activities: 248

F. Activity/Production index: 258 G. Source Reduction quantity due to new activities: 261

SECTION 5. REGULATED STORAGE

A. Did this site store RCRA wastes 90 days or more and then ship it off-site (to site shown in Section 3)? (Y=Yes, N=No) 271

B. Did this site store RCRA wastes on-site for more than 90 days but waste is in storage at year end: (Y=Yes, N=No) 272

Quantity stored at year end and for 90 days or more, generated this reporting year: 273

Quantity stored at year end that was generated prior to this reporting year: 283

COMMENTS: Enter Y (Yes) if you have comments regarding this page and attach extra sheet. Page 00008

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Instructions for this form found on pages 12-27.

SECTION 1. WASTE DESCRIPTION

A. Waste Description: Waste Di-Basic Ester - Cleaning Liquids

B. EPA Hazardous Waste Code: F003 0001

C. SIC code: 3714

D. Origin Code: 1 System type: M E. Source Code: A04 A09 A19

F. Point of Measurement: 1 G. Waste form code: B013

H. Radioactive mixed: 2 I. TRI Constituent: 3

J. CAS numbers: 1. 100-42-5 2. 100-42-5 3. 100-42-5
4. 100-42-5 5. 100-42-5

SECTION 2. QUANTITY GENERATED

A. UOM: 1 Density 1.26 (Same unit and density must be used for all quantities on this page).

Quantity generated in: B. Previous reporting year: 1535.0

C. Current reporting year: 6270.0 gal.

D. QUANTITY MANAGED ON-SITE: Did this location manage some or all of this waste in exempt or regulated treatment, recycling, or disposal units at this location? N Y = Yes (continue to system 1) N = No (skip to section 3)

On-Site System 1: System Type M Status 146 Quantity managed on-site this year: 147

On-Site System 2: System Type M Status 161 Quantity managed on-site this year: 162

SECTION 3. OFF-SITE SHIPMENT

A. Was any of this waste shipped off site this reporting year? Y Y = Yes (Continue to Site 1) N = No (Skip to Section 4)

SITE 1. Name and address of facility: Safety Kleen Corp
3700 Calhoun Road
Spitfield, KY 40068
B. U.S. EPA ID No. of facility waste was shipped to: KYD053348108

C. System type shipped to: M061 D. Off-site availability code: 1

E. Total quantity shipped in this reporting year: 1045.0

SITE 2. Name and address of facility: Essex Waste Management Services, Inc.
1483 Sw Hwy 58
Kingsville, MO 64061

B. U.S. EPA ID No. of facility waste was shipped to: MO0980962849

C. System type shipped to: M061 D. Off-site availability code: 1

E. Total quantity shipped in this reporting year: 2310.0

SECTION 4. WASTE MINIMIZATION ACTIVITIES

A. Did you engage in any waste minimization activities for this reporting year? N Y = Yes (Cont to Box B) N = No (Cont to Section 5)

B. Activity: W W W W W W C. Other Effects? (Y = Yes, N = No) 246

D. How many new waste minimization activities were implemented in this reporting year for this waste? 247 (Number)

E. Quantity recycled in reporting year due to new activities: 248

F. Activity/Production index: 258 G. Source Reduction quantity due to new activities: 261

SECTION 5. REGULATED STORAGE

A. Did this site store RCRA wastes 90 days or more and then ship it off-site (to site shown in Section 3)? (Y=Yes, N=No) N

B. Did this site store RCRA wastes on-site for more than 90 days but waste is in storage at year end: (Y=Yes, N=No) N

Quantity stored at year end and for 90 days or more, generated this reporting year: 273

Quantity stored at year end that was generated prior to this reporting year: 283

COMMENTS: N Enter Y (Yes) if you have comments regarding this page and attach extra sheet. Page 00009
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Instructions for this form found on pages 12-27.

SECTION 1. WASTE DESCRIPTION

A. Waste Description: Waste DiBasic Ester - Cleaning Liquids
B. EPA Hazardous Waste Code: F003 D001
C. SIC code: 3714
D. Origin Code: 1 System type: M E. Source Code: A04 A09 A19
F. Point of Measurement: 1 G. Waste form code: B203
H. Radioactive mixed: 2 I. TRI Constituent: 3
J. CAS numbers: 1. 100-42-5 2. 100-42-5 3. 100-42-5
4. 100-42-5 5. 100-42-5

SECTION 2. QUANTITY GENERATED

A. UOM: 1 Density 9.26 (Same unit and density must be used for all quantities on this page).

Quantity generated in: B. Previous reporting year: 121
C. Current reporting year: 131

D. QUANTITY MANAGED ON-SITE: Did this location manage some or all of this waste in exempt or regulated treatment, recycling, or disposal units at this location? Y = Yes (continue to system 1) N = No (skip to section 3)

On-Site System 1: System Type M Status 145 Quantity managed on-site this year: 147
On-Site System 2: System Type M Status 161 Quantity managed on-site this year: 162

SECTION 3. OFF-SITE SHIPMENT

A. Was any of this waste shipped off site this reporting year? Y = Yes (Continue to Site 1) N = No (Skip to Section 4)

SITE 1. Name and address of facility: Andlaw Environmental Systems Recovery
2029 Bayou Plaquemine Road
Bayou La Plaque, LA 70558
B. U.S. EPA ID No. of facility waste was shipped to: LA2079464095
C. System type shipped to: M061 D. Off-site availability code: 1
E. Total quantity shipped in this reporting year: 2970.0

SITE 2. Name and address of facility:

B. U.S. EPA ID No. of facility waste was shipped to: 200
C. System type shipped to: M D. Off-site availability code: 216
E. Total quantity shipped in this reporting year: 217

SECTION 4. WASTE MINIMIZATION ACTIVITIES

A. Did you engage in any waste minimization activities for this reporting year? Y = Yes (Cont to Box B) N = No (Cont to Section 5)

B. Activity: W W W W W W C. Other Effects? (Y = Yes, N = No) 246

D. How many new waste minimization activities were implemented in this reporting year for this waste? 247 (Number)

E. Quantity recycled in reporting year due to new activities: 248

F. Activity/Production index: 258 G. Source Reduction quantity due to new activities: 261

SECTION 5. REGULATED STORAGE

A. Did this site store RCRA wastes 90 days or more and then ship it off-site (to site shown in Section 3)? (Y=Yes, N=No)

Did this site store RCRA wastes on-site for more than 90 days but waste is in storage at year end: (y=Yes, N=No)

Quantity stored at year end and for 90 days or more, generated this reporting year: 273

Quantity stored at year end that was generated prior to this reporting year: 283

COMMENTS: Enter Y (Yes) if you have comments regarding this page and attach extra sheet. Page 00010

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Instructions for this form found on pages 12-27.

SECTION 1. WASTE DESCRIPTION

A. Waste Description: Waste Mineral Spirits/Alcohol - Contaminated Mold Release
B. EPA Hazardous Waste Code: 0001
C. SIC code: 3714
D. Origin Code: 1 System type: M E. Source Code: A09 A A
F. Point of Measurement: 1 G. Waste form code: B203
H. Radioactive mixed: 2 I. TRI Constituent: 2
J. CAS numbers: 1. 76 2. 84 3. 92
4. 100 5. 108

SECTION 2. QUANTITY GENERATED

A. UOM: 116 Density 117 (Same unit and density must be used for all quantities on this page).
Quantity generated in: B. Previous reporting year: 330.0
C. Current reporting year: 330.0
D. QUANTITY MANAGED ON-SITE: Did this location manage some or all of this waste in exempt or regulated treatment, recycling, or disposal units at this location? Y Y = Yes (continue to system 1) N = No (skip to section 3)
On-Site System 1: System Type M Status 142 Quantity managed on-site this year: 145
On-Site System 2: System Type M Status 157 Quantity managed on-site this year: 162

SECTION 3. OFF- SITE SHIPMENT

A. Was any of this waste shipped off site this reporting year? Y Y = Yes (Continue to Site 1) N = No (Skip to Section 4)
SITE 1. Name and address of facility: Safety Klean Corp
3700 LAGRANGE RD
SMITHFIELD, KY 40068
B. U.S. EPA ID No. of facility waste was shipped to: KYD053348108
C. System type shipped to: M061 D. Off-site availability code: 1
E. Total quantity shipped in this reporting year: 275.0
SITE 2. Name and address of facility: Essex Waste Management Services, Inc.
1483 SW Hwy 58
Trinityville, MO 64091
B. U.S. EPA ID No. of facility waste was shipped to: MO0980962849
C. System type shipped to: M061 D. Off-site availability code: 1
E. Total quantity shipped in this reporting year: 110.0

SECTION 4. WASTE MINIMIZATION ACTIVITIES

A. Did you engage in any waste minimization activities for this reporting year? Y Y = Yes (Cont to Box B) N = No (Cont to Section 5)
B. Activity: W W W W W W C. Other Effects? (Y = Yes, N = No) 246
228 231 234 237 240 243
D. How many new waste minimization activities were implemented in this reporting year for this waste? 247 (Number)
E. Quantity recycled in reporting year due to new activities: 248
F. Activity/Production index: 258 G. Source Reduction quantity due to new activities: 261

SECTION 5. REGULATED STORAGE

A. Did this site store RCRA wastes 90 days or more and then ship it off-site (to site shown in Section 3)? (Y=Yes, N=No) N
B. Did this site store RCRA wastes on-site for more than 90 days but waste is in storage at year end: (y=Yes, N=No) N
Quantity stored at year end and for 90 days or more, generated this reporting year: 273
Quantity stored at year end that was generated prior to this reporting year: 283

COMMENTS: N Enter Y (Yes) if you have comments regarding this page and attach extra sheet. Page 00011
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Instructions for this form found on pages 12-27.

SECTION 1. WASTE DESCRIPTION

A. Waste Description: Waste Acetone - Brown Sealant & Miscellaneous Cleaning
B. EPA Hazardous Waste Code: F003 D001 8035 F001
C. SIC code: 3714
D. Origin Code: 1 System type: M E. Source Code: A19 A A
F. Point of Measurement: 1 G. Waste form code: B903
H. Radioactive mixed: 2 I. TRI Constituent: 3
J. CAS numbers: 1. 78-93-3 2. 84 3. 92
4. 100 5. 108

SECTION 2. QUANTITY GENERATED

A. UOM: 1 Density 6.68 (Same unit and density must be used for all quantities on this page).

Quantity generated in: B. Previous reporting year: 3255.0

C. Current reporting year: 990.0

D. QUANTITY MANAGED ON-SITE: Did this location manage some or all of this waste in exempt or regulated treatment, recycling, or disposal units at this location? N Y = Yes (continue to system 1) N = No (skip to section 3)

On-Site System 1: System Type M Status 145 Quantity managed on-site this year: 147

On-Site System 2: System Type M Status 157 Quantity managed on-site this year: 162

SECTION 3. OFF-SITE SHIPMENT

A. Was any of this waste shipped off site this reporting year? Y Y = Yes (Continue to Site 1) N = No (Skip to Section 4)

SITE 1. Name and address of facility: Safety Kleen Corp
3700 Lagrange Road
Smithfield, KY 40068

B. U.S. EPA ID No. of facility waste was shipped to: KYD053348108

C. System type shipped to: M061 D. Off-site availability code: 1

E. Total quantity shipped in this reporting year: 440.0

SITE 2. Name and address of facility: Essex Waste Management Services, Inc.
1483 SW Hwy 58
Kingsville, MO 64061

B. U.S. EPA ID No. of facility waste was shipped to: MO0980962849

C. System type shipped to: M061 D. Off-site availability code: 1

E. Total quantity shipped in this reporting year: 385.0

SECTION 4. WASTE MINIMIZATION ACTIVITIES

A. Did you engage in any waste minimization activities for this reporting year? N Y = Yes (Cont to Box B) N = No (Cont to Section 5)

B. Activity: W W W W W W C. Other Effects? (Y = Yes, N = No) 246

D. How many new waste minimization activities were implemented in this reporting year for this waste? 247 (Number)

E. Quantity recycled in reporting year due to new activities: 248

F. Activity/Production index: 258 G. Source Reduction quantity due to new activities: 261

SECTION 5. REGULATED STORAGE

A. Did this site store RCRA wastes 90 days or more and then ship it off-site (to site shown in Section 3)? (Y=Yes, N=No) N

B. Did this site store RCRA wastes on-site for more than 90 days but waste is in storage at year end: (Y=Yes, N=No) N

Quantity stored at year end and for 90 days or more, generated this reporting year: 273

Quantity stored at year end that was generated prior to this reporting year: 283

COMMENTS: N Enter Y (Yes) if you have comments regarding this page and attach extra sheet. Page 00012
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Instructions for this form found on pages 12-27.

SECTION 1. WASTE DESCRIPTION

A. Waste Description: Waste Acetone - Bronco Samfill & Miscellaneous Cleaning
B. EPA Hazardous Waste Code: 003 001 035 001 47
C. SIC code: 3714
D. Origin Code: 1 System type: M E. Source Code: A19 A A
F. Point of Measurement: 1 G. Waste form code: B203
H. Radioactive mixed: 2 I. TRI Constituent: 3
J. CAS numbers: 1. 78-93-3 2. 78 3. 92
4. 100 5. 108

SECTION 2. QUANTITY GENERATED

A. UOM: 1 Density 6.68 (Same unit and density must be used for all quantities on this page).

Quantity generated in: B. Previous reporting year: 121

C. Current reporting year: 131

D. QUANTITY MANAGED ON-SITE: Did this location manage some or all of this waste in exempt or regulated treatment, recycling, or disposal units at this location? Y = Yes (continue to system 1) N = No (skip to section 3)

On-Site System 1: System Type M Status 142 Quantity managed on-site this year: 147

On-Site System 2: System Type M Status 157 Quantity managed on-site this year: 162

SECTION 3. OFF-SITE SHIPMENT

A. Was any of this waste shipped off site this reporting year? Y = Yes (Continue to Site 1) N = No (Skip to Section 4)

SITE 1. Name and address of facility: LANDAW ENVIRONMENTAL SVCS RECOVERY
2029 BAYOU PLAZA BLVD
RAYNE, LA 70578

B. U.S. EPA ID No. of facility waste was shipped to: LA 0029464095

C. System type shipped to: M061 D. Off-site availability code: 1

E. Total quantity shipped in this reporting year: 225.0

SITE 2. Name and address of facility:

B. U.S. EPA ID No. of facility waste was shipped to: 200

C. System type shipped to: M D. Off-site availability code: 215

E. Total quantity shipped in this reporting year: 217

SECTION 4. WASTE MINIMIZATION ACTIVITIES

A. Did you engage in any waste minimization activities for this reporting year? Y = Yes (Cont to Box B) N = No (Cont to Section 5)

B. Activity: W W W W W W C. Other Effects? (Y = Yes, N = No) 246

D. How many new waste minimization activities were implemented in this reporting year for this waste? 247 (Number)

E. Quantity recycled in reporting year due to new activities: 248

F. Activity/Production index: 258 G. Source Reduction quantity due to new activities: 261

SECTION 5. REGULATED STORAGE

A. Did this site store RCRA wastes 90 days or more and then ship it off-site (to site shown in Section 3)? (Y=Yes, N=No)

B. Did this site store RCRA wastes on-site for more than 90 days but waste is in storage at year end: (Y=Yes, N=No)

Quantity stored at year end and for 90 days or more, generated this reporting year: 273

Quantity stored at year end that was generated prior to this reporting year: 283

COMMENTS: Enter Y (Yes) if you have comments regarding this page and attach extra sheet. Page 00013

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instructions for this form found on pages 12-27.

SECTION 1. WASTE DESCRIPTION

A. Waste Description: Waste Paint Related Material - Bronco & Viper Line Flush
B. EPA Hazardous Waste Code: 5005 0001 5003 0035 47 ---
C. SIC code: 3 714
D. Origin Code: 55 1 System type: M --- E. Source Code: A 09 A 21 A ---
F. Point of Measurement: 1 69 G. Waste form code: B 209
H. Radioactive mixed: 2 74 I. TRI Constituent: 3 75
J. CAS numbers: 1. 76 --- 78-93-3 2. 84 --- --- 3. 92 --- ---
4. 100 --- --- 5. 108 --- ---

SECTION 2. QUANTITY GENERATED

A. UOM: 1 116 Density 7.32 117 (Same unit and density must be used for all quantities on this page).
Quantity generated in: B. Previous reporting year: 121 --- 5500.0
C. Current reporting year: 131 --- 2255.0
D. QUANTITY MANAGED ON-SITE: Did this location manage some or all of this waste in exempt or regulated treatment, recycling, or disposal units at this location? N 141 Y = Yes (continue to system 1) N = No (skip to section 3)
On-Site System 1: System Type M 142 Status 145 Quantity managed on-site this year: 147 --- ---
On-Site System 2: System Type M 157 Status 161 Quantity managed on-site this year: 162 --- ---

SECTION 3. OFF-SITE SHIPMENT

A. Was any of this waste shipped off site this reporting year? Y 172 Y = Yes (Continue to Site 1) N = No (Skip to Section 4)
SITE 1. Name and address of facility: Safety Klean Corp
3700 Lagrange Road
Smithfield, KY 40068
B. U.S. EPA ID No. of facility waste was shipped to: 173 --- 2053348108
C. System type shipped to: M 061 185 D. Off-site availability code: 1 189
E. Total quantity shipped in this reporting year: 190 --- 1100.0
SITE 2. Name and address of facility: ESSEX WASTE MANAGEMENT SERVICES, INC.
1483 SW Hwy 58
Kingsville, MO 64001
B. U.S. EPA ID No. of facility waste was shipped to: 200 --- 00980962849
C. System type shipped to: M 061 212 D. Off-site availability code: 1 216
E. Total quantity shipped in this reporting year: 217 --- 880.0

SECTION 4. WASTE MINIMIZATION ACTIVITIES

A. Did you engage in any waste minimization activities for this reporting year? N 227 Y = Yes (Cont to Box B) N = No (Cont to Section 5)
B. Activity: W 228 --- W 231 --- W 234 --- W 237 --- W 240 --- W 243 --- C. Other Effects? (Y = Yes, N = No) 246
D. How many new waste minimization activities were implemented in this reporting year for this waste? 247 (Number)
E. Quantity recycled in reporting year due to new activities: 248 --- ---
F. Activity/Production index: 258 --- G. Source Reduction quantity due to new activities: 261 --- ---

SECTION 5. REGULATED STORAGE

A. Did this site store RCRA wastes 90 days or more and then ship it off-site (to site shown in Section 3)? (Y=Yes, N=No) N 271
B. Did this site store RCRA wastes on-site for more than 90 days but waste is in storage at year end: (Y=Yes, N=No) N 272
Quantity stored at year end and for 90 days or more, generated this reporting year: 273 --- ---
Quantity stored at year end that was generated prior to this reporting year: 283 --- ---

COMMENTS: N 293 Enter Y (Yes) if you have comments regarding this page and attach extra sheet. Page 00014 13

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Instructions for this form found on pages 12-27.

SECTION 1. WASTE DESCRIPTION

A. Waste Description: Waste Paint Related Material - Beacon & Viper Line Flush

B. EPA Hazardous Waste Code: F005 D001 F003 D035 41

C. SIC code: 3714

D. Origin Code: 1 System type: M E. Source Code: A09 A21 A66

F. Point of Measurement: 1 G. Waste form code: B209

H. Radioactive mixed: 2 I. TRI Constituent: 3

J. CAS numbers: 1. 28-93-3 2. 84 3. 92
4. 100 5. 108

SECTION 2. QUANTITY GENERATED

A. UOM: 1 Density 2.35 (Same unit and density must be used for all quantities on this page).

Quantity generated in: B. Previous reporting year: 121

C. Current reporting year: 131

D. QUANTITY MANAGED ON-SITE: Did this location manage some or all of this waste in exempt or regulated treatment, recycling, or disposal units at this location? Y = Yes (continue to system 1) N = No (skip to section 3)

On-Site System 1: System Type M Status 146 Quantity managed on-site this year: 147

On-Site System 2: System Type M Status 157 Quantity managed on-site this year: 152

SECTION 3. OFF- SITE SHIPMENT

A. Was any of this waste shipped off site this reporting year? Y = Yes (Continue to Site 1) N = No (Skip to Section 4)

SITE 1. Name and address of facility: LADLAW ENVIRONMENTAL (SVC) RECOVERY
2029 BAYOU PLACHEUNE ROAD
RAYNE, LA 70578

B. U.S. EPA ID No. of facility waste was shipped to: LA D079464095

C. System type shipped to: M061 D. Off-site availability code: 1

E. Total quantity shipped in this reporting year: 275.0

SITE 2. Name and address of facility:

B. U.S. EPA ID No. of facility waste was shipped to: 200

C. System type shipped to: M D. Off-site availability code: 216

E. Total quantity shipped in this reporting year: 217

SECTION 4. WASTE MINIMIZATION ACTIVITIES

A. Did you engage in any waste minimization activities for this reporting year? Y = Yes (Cont to Box B) N = No (Cont to Section 5)

B. Activity: W W W W W W C. Other Effects? (Y = Yes, N = No) 246

D. How many new waste minimization activities were implemented in this reporting year for this waste? 247 (Number)

E. Quantity recycled in reporting year due to new activities: 248

F. Activity/Production index: 258 G. Source Reduction quantity due to new activities: 261

SECTION 5. REGULATED STORAGE

A. Did this site store RCRA wastes 90 days or more and then ship it off-site (to site shown in Section 3)? (Y=Yes, N=No)

Did this site store RCRA wastes on-site for more than 90 days but waste is in storage at year end: (y=Yes, N=No)

Quantity stored at year end and for 90 days or more, generated this reporting year: 273

Quantity stored at year end that was generated prior to this reporting year: 283

COMMENTS: Enter Y (Yes) if you have comments regarding this page and attach extra sheet. Page 00015

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Instructions for this form found on pages 12-27.

SECTION 1. WASTE DESCRIPTION

A. Waste Description: Waste Methy/Ethyl Ketone - System III/Paint Gun Cleaning

B. EPA Hazardous Waste Code: F005 D001 D035 F003

C. SIC code: 3714

D. Origin Code: 55 System type: M E. Source Code: A19 A63 A66

F. Point of Measurement: 69 G. Waste form code: B203

H. Radioactive mixed: 74 I. TRI Constituent: 3

J. CAS numbers: 1. 78-93-3 2. 84 3. 92
4. 100 5. 108

SECTION 2. QUANTITY GENERATED

A. UOM: 1 Density 6.80 (Same unit and density must be used for all quantities on this page).

Quantity generated in: B. Previous reporting year: 5225.0

C. Current reporting year: 5120.0

D. QUANTITY MANAGED ON-SITE: Did this location manage some or all of this waste in exempt or regulated treatment, recycling, or disposal units at this location? N Y = Yes (continue to system 1) N = No (skip to section 3)

On-Site System 1: System Type M Status 142 Quantity managed on-site this year: 147

On-Site System 2: System Type M Status 157 Quantity managed on-site this year: 162

SECTION 3. OFF-SITE SHIPMENT

A. Was any of this waste shipped off site this reporting year? Y Y = Yes (Continue to Site 1) N = No (Skip to Section 4)

SITE 1. Name and address of facility: Safety Klean Corp.
3700 Lagnan Road
Smithfield, KY 40068

B. U.S. EPA ID No. of facility waste was shipped to: KY D053348108

C. System type shipped to: M061 D. Off-site availability code: 1

E. Total quantity shipped in this reporting year: 1210.0

SITE 2. Name and address of facility: Essex Waste Management Services, Inc.
1483 SW Hwy 58
Kingsville, MO 64661

B. U.S. EPA ID No. of facility waste was shipped to: MO D980962849

C. System type shipped to: M061 D. Off-site availability code: 1

E. Total quantity shipped in this reporting year: 1760.0

SECTION 4. WASTE MINIMIZATION ACTIVITIES

A. Did you engage in any waste minimization activities for this reporting year? N Y = Yes (Cont to Box B) N = No (Cont to Section 5)

B. Activity: W W W W W W C. Other Effects? (Y = Yes, N = No) 246

D. How many new waste minimization activities were implemented in this reporting year for this waste? 247 (Number)

E. Quantity recycled in reporting year due to new activities: 248

F. Activity/Production index: 258 G. Source Reduction quantity due to new activities: 261

SECTION 5. REGULATED STORAGE

A. Did this site store RCRA wastes 90 days or more and then ship it off-site (to site shown in Section 3)? (Y=Yes, N=No) N

B. Did this site store RCRA wastes on-site for more than 90 days but waste is in storage at year end: (Y=Yes, N=No) N

Quantity stored at year end and for 90 days or more, generated this reporting year: 273

Quantity stored at year end that was generated prior to this reporting year: 283

COMMENTS: N Enter Y (Yes) if you have comments regarding this page and attach extra sheet. Page 00016

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Instructions for this form found on pages 12-27.

SECTION 1. WASTE DESCRIPTION

A. Waste Description: Waste Methyl Ethyl Ketone - System III / Paint Gun Cleaning
B. EPA Hazardous Waste Code: E005 D001 D035 E003
C. SIC code: 3214
D. Origin Code: 1 System type: M E. Source Code: A19 A A
F. Point of Measurement: 1 G. Waste form code: B203
H. Radioactive mixed: 2 I. TRI Constituent: 3
J. CAS numbers: 1. 76-18-93-3 2. 84 3. 92
4. 100 5. 108

SECTION 2. QUANTITY GENERATED

A. UOM: TT6 Density TT7 6.80 (Same unit and density must be used for all quantities on this page).

Quantity generated in: B. Previous reporting year: TT1

C. Current reporting year: TT3

D. QUANTITY MANAGED ON-SITE: Did this location manage some or all of this waste in exempt or regulated treatment, recycling, or disposal units at this location? Y = Yes (continue to system 1) N = No (skip to section 3)

On-Site System 1: System Type M Status TT4 Quantity managed on-site this year: TT7

On-Site System 2: System Type M Status TT5 Quantity managed on-site this year: TT6

SECTION 3. OFF-SITE SHIPMENT

A. Was any of this waste shipped off site this reporting year? Y = Yes (Continue to Site 1) N = No (Skip to Section 4)

SITE 1. Name and address of facility: LAWSON ENVIRONMENTAL (SVC) RECOVERY
2029 Bayou Plaquemine Road
Rayne, LA 70578

B. U.S. EPA ID No. of facility waste was shipped to: TT3 CA0079464095

C. System type shipped to: TT5 M061 D. Off-site availability code: TT9 1

E. Total quantity shipped in this reporting year: TT0 2255.0

SITE 2. Name and address of facility:

B. U.S. EPA ID No. of facility waste was shipped to: TT0

C. System type shipped to: TT2 M D. Off-site availability code: TT6

E. Total quantity shipped in this reporting year: TT7

SECTION 4. WASTE MINIMIZATION ACTIVITIES

A. Did you engage in any waste minimization activities for this reporting year? TT7 Y = Yes (Cont to Box B) N = No (Cont to Section 5)

B. Activity: TT8 W TT9 W TT4 W TT7 W TT0 W TT3 W TT6 C. Other Effects? (Y = Yes, N = No) TT6

D. How many new waste minimization activities were implemented in this reporting year for this waste? TT7 (Number)

E. Quantity recycled in reporting year due to new activities: TT8

F. Activity/Production index: TT8 G. Source Reduction quantity due to new activities: TT9

SECTION 5. REGULATED STORAGE

A. Did this site store RCRA wastes 90 days or more and then ship it off-site (to site shown in Section 3)? (Y=Yes, N=No)

Did this site store RCRA wastes on-site for more than 90 days but waste is in storage at year end: (Y=Yes, N=No)

Quantity stored at year end and for 90 days or more, generated this reporting year: TT3

Quantity stored at year end that was generated prior to this reporting year: TT3

COMMENTS: TT3 Enter Y (Yes) if you have comments regarding this page and attach extra sheet. Page 00017
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Instructions for this form found on pages 12-27.

SECTION 1. WASTE DESCRIPTION

A. Waste Description: Waste N-Butyl Acetate - System III Line Flush
B. EPA Hazardous Waste Code: F005 D035 F003 D001
C. SIC code: 3714
D. Origin Code: 1 System type: M E. Source Code: A04 A09 A
F. Point of Measurement: 1 G. Waste form code: B203
H. Radioactive mixed: 2 I. TRI Constituent: 3
J. CAS numbers: 1. 28-93-3 2. 28-93-3 3. 28-93-3
4. 28-93-3 5. 28-93-3

SECTION 2. QUANTITY GENERATED

A. UOM: 1 Density 8.00 (Same unit and density must be used for all quantities on this page).
Quantity generated in: B. Previous reporting year: 2365.0
C. Current reporting year: 215.0

D. QUANTITY MANAGED ON-SITE: Did this location manage some or all of this waste in exempt or regulated treatment, recycling, or disposal units at this location? N Y = Yes (continue to system 1) N = No (skip to section 3)
On-Site System 1: System Type M Status 145 Quantity managed on-site this year: 147
On-Site System 2: System Type M Status 161 Quantity managed on-site this year: 162

SECTION 3. OFF-SITE SHIPMENT

A. Was any of this waste shipped off site this reporting year? Y Y = Yes (Continue to Site 1) N = No (Skip to Section 4)
SITE 1. Name and address of facility: Safety Klean Corp
3700 Lagrange Road
Southfield, MI 48034
B. U.S. EPA ID No. of facility waste was shipped to: KY 0053348108
C. System type shipped to: M061 D. Off-site availability code: 1
E. Total quantity shipped in this reporting year: 225.0
SITE 2. Name and address of facility: Essex Waste Management Services, Inc.
1483 SW Hwy 58
Kingsville, MO 64001
B. U.S. EPA ID No. of facility waste was shipped to: MO 0980962849
C. System type shipped to: M061 D. Off-site availability code: 1
E. Total quantity shipped in this reporting year: 220.0

SECTION 4. WASTE MINIMIZATION ACTIVITIES

A. Did you engage in any waste minimization activities for this reporting year? Y Y = Yes (Cont to Box B) N = No (Cont to Section 5)
B. Activity: W W W W W W C. Other Effects? (Y = Yes, N = No) 246
D. How many new waste minimization activities were implemented in this reporting year for this waste? 247 (Number)
E. Quantity recycled in reporting year due to new activities: 248
F. Activity/Production index: 258 G. Source Reduction quantity due to new activities: 261

SECTION 5. REGULATED STORAGE

A. Did this site store RCRA wastes 90 days or more and then ship it off-site (to site shown in Section 3)? (Y=Yes, N=No) Y
B. Did this site store RCRA wastes on-site for more than 90 days but waste is in storage at year end: (y=Yes, N=No) N
Quantity stored at year end and for 90 days or more, generated this reporting year: 273
Quantity stored at year end that was generated prior to this reporting year: 283

COMMENTS: N Enter Y (Yes) if you have comments regarding this page and attach extra sheet. Page 00018
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Instructions for this form found on pages 12-27.

SECTION 1. WASTE DESCRIPTION

A. Waste Description: Waste D-Butyl Acetate - System III Line Flush
B. EPA Hazardous Waste Code: 31 005 35 003 43 001 47
C. SIC code: 3714
D. Origin Code: 1 System type: M E. Source Code: A04 A09 A
F. Point of Measurement: 1 G. Waste form code: B203
H. Radioactive mixed: 2 I. TRI Constituent: 3
J. CAS numbers: 1. 76 28-93-3 2. 84 3. 92
4. 100 5. 108

SECTION 2. QUANTITY GENERATED

A. UOM: 1 Density 8.00 (Same unit and density must be used for all quantities on this page).

Quantity generated in: B. Previous reporting year: 121

C. Current reporting year: 131

D. QUANTITY MANAGED ON-SITE: Did this location manage some or all of this waste in exempt or regulated treatment, recycling, or disposal units at this location? Y = Yes (continue to system 1) N = No (skip to section 3)

On-Site System 1: System Type M Status 142 Quantity managed on-site this year: 147

On-Site System 2: System Type M Status 157 Quantity managed on-site this year: 162

SECTION 3. OFF-SITE SHIPMENT

A. Was any of this waste shipped off site this reporting year? Y = Yes (Continue to Site 1) N = No (Skip to Section 4)

SITE 1. Name and address of facility: LAIDLAW ENVIRONMENTAL (SWS) RECOVERY
2029 BAYVIEW DRIVE
RAYN, LA 70578

B. U.S. EPA ID No. of facility waste was shipped to: LA D 079464095

C. System type shipped to: M061 D. Off-site availability code: 1

E. Total quantity shipped in this reporting year: 190 225.0

SITE 2. Name and address of facility:

B. U.S. EPA ID No. of facility waste was shipped to: 200

C. System type shipped to: M D. Off-site availability code: 215

E. Total quantity shipped in this reporting year: 217

SECTION 4. WASTE MINIMIZATION ACTIVITIES

A. Did you engage in any waste minimization activities for this reporting year? Y = Yes (Cont to Box B) N = No (Cont to Section 5)

B. Activity: W W W W W W C. Other Effects? (Y = Yes, N = No) 228 231 234 237 240 243 246

D. How many new waste minimization activities were implemented in this reporting year for this waste? 247 (Number)

E. Quantity recycled in reporting year due to new activities: 248

F. Activity/Production index: 258 G. Source Reduction quantity due to new activities: 261

SECTION 5. REGULATED STORAGE

A. Did this site store RCRA wastes 90 days or more and then ship it off-site (to site shown in Section 3)? (Y=Yes, N=No)

B. Did this site store RCRA wastes on-site for more than 90 days but waste is in storage at year end: (Y=Yes, N=No)

Quantity stored at year end and for 90 days or more, generated this reporting year: 273

Quantity stored at year end that was generated prior to this reporting year: 283

COMMENTS: Enter Y (Yes) if you have comments regarding this page and attach extra sheet. Page 00019

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Instructions for this form found on pages 12-27.

SECTION 1. WASTE DESCRIPTION

A. Waste Description: Waste Touch Up Paint
B. EPA Hazardous Waste Code: D 001 F 003 F 005
C. SIC code: 3714
D. Origin Code: 1 System type: M E. Source Code: A 58 A 21 A
F. Point of Measurement: 1 G. Waste form code: B 209
H. Radioactive mixed: 2 I. TRI Constituent: 3
J. CAS numbers: 1. 78-93-3 2. 84 3. 92
4. 100 5. 108

SECTION 2. QUANTITY GENERATED

A. UOM: 1 Density 2.91 (Same unit and density must be used for all quantities on this page).
Quantity generated in: B. Previous reporting year: 0.0
C. Current reporting year: 1325.0
D. QUANTITY MANAGED ON-SITE: Did this location manage some or all of this waste in exempt or regulated treatment, recycling, or disposal units at this location? Y Y = Yes (continue to system 1) N = No (skip to section 3)
On-Site System 1: System Type M Status 146 Quantity managed on-site this year: 147
On-Site System 2: System Type M Status 151 Quantity managed on-site this year: 162

SECTION 3. OFF- SITE SHIPMENT

A. Was any of this waste shipped off site this reporting year? Y Y = Yes (Continue to Site 1) N = No (Skip to Section 4)
SITE 1. Name and address of facility: LAIDLAW ENVIRONMENTAL SVC RECOVERY
2029 BAYOU PLAQUEMINNE ROAD
RAYNE, LA 70578
B. U.S. EPA ID No. of facility waste was shipped to: L A D O 7 9 4 6 4 0 9 5
C. System type shipped to: M 0 6 1 D. Off-site availability code: 1
E. Total quantity shipped in this reporting year: 1325.0
SITE 2. Name and address of facility:
B. U.S. EPA ID No. of facility waste was shipped to: 200
C. System type shipped to: M D. Off-site availability code: 216
E. Total quantity shipped in this reporting year: 217

SECTION 4. WASTE MINIMIZATION ACTIVITIES

A. Did you engage in any waste minimization activities for this reporting year? Y Y = Yes (Cont to Box B) N = No (Cont to Section 5)
B. Activity: W W W W W W C. Other Effects? (Y = Yes, N = No) 246
228 231 234 237 240 243
D. How many new waste minimization activities were implemented in this reporting year for this waste? 247 (Number)
E. Quantity recycled in reporting year due to new activities: 248
F. Activity/Production index: 258 G. Source Reduction quantity due to new activities: 261

SECTION 5. REGULATED STORAGE

A. Did this site store RCRA wastes 90 days or more and then ship it off-site (to site shown in Section 3)? (Y=Yes, N=No) Y
Did this site store RCRA wastes on-site for more than 90 days but waste is in storage at year end: (y=Yes, N=No) Y
Quantity stored at year end and for 90 days or more, generated this reporting year: 273
Quantity stored at year end that was generated prior to this reporting year: 283

COMMENTS: Y Enter Y (Yes) if you have comments regarding this page and attach extra sheet. Page 00020
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Instructions for this form found on pages 12-27.

SECTION 1. WASTE DESCRIPTION

A. Waste Description: Waste Resin Solution - Resin + Sand - Pit Cleaning Resin Farm
B. EPA Hazardous Waste Code: 2001
C. SIC code: 3214
D. Origin Code: 2 System type: M E. Source Code: A59 A53 A
F. Point of Measurement: 1 G. Waste form code: B 40-3
H. Radioactive mixed: 2 I. TRI Constituent: 3
J. CAS numbers: 1. 100-42-5 2. 84 3. 92
4. 100 5. 108

SECTION 2. QUANTITY GENERATED

A. UOM: 1 Density 1.14 (Same unit and density must be used for all quantities on this page).
Quantity generated in: B. Previous reporting year: 0.0
C. Current reporting year: 220.0

D. QUANTITY MANAGED ON-SITE: Did this location manage some or all of this waste in exempt or regulated treatment, recycling, or disposal units at this location? Y Y = Yes (continue to system 1) N = No (skip to section 3)

On-Site System 1: System Type M Status 142 Quantity managed on-site this year: 147
On-Site System 2: System Type M Status 157 Quantity managed on-site this year: 162

SECTION 3. OFF-SITE SHIPMENT

A. Was any of this waste shipped off site this reporting year? Y Y = Yes (Continue to Site 1) N = No (Skip to Section 4)

SITE 1. Name and address of facility: CAIOLAN ENVIRONMENTAL (SVC) RECOVERY
2029 BAYOU PLAZA WILMINGTON ROAD
RAYNE, LA 70578
B. U.S. EPA ID No. of facility waste was shipped to: LA079464095
C. System type shipped to: M 001 D. Off-site availability code: 1
E. Total quantity shipped in this reporting year: 220.0

SITE 2. Name and address of facility:

B. U.S. EPA ID No. of facility waste was shipped to: 200
C. System type shipped to: M D. Off-site availability code: 216
E. Total quantity shipped in this reporting year: 217

SECTION 4. WASTE MINIMIZATION ACTIVITIES

A. Did you engage in any waste minimization activities for this reporting year? Y Y = Yes (Cont to Box B) N = No (Cont to Section 5)
B. Activity: W W W W W W C. Other Effects? (Y = Yes, N = No) 228 231 234 237 240 243 246
D. How many new waste minimization activities were implemented in this reporting year for this waste? 247 (Number)
E. Quantity recycled in reporting year due to new activities: 248
F. Activity/Production index: 258 G. Source Reduction quantity due to new activities: 261

SECTION 5. REGULATED STORAGE

A. Did this site store RCRA wastes 90 days or more and then ship it off-site (to site shown in Section 3)? (Y=Yes, N=No) Y
B. Did this site store RCRA wastes on-site for more than 90 days but waste is in storage at year end: (y=Yes, N=No) Y
Quantity stored at year end and for 90 days or more, generated this reporting year: 273
Quantity stored at year end that was generated prior to this reporting year: 283

COMMENTS: Y Enter Y (Yes) if you have comments regarding this page and attach extra sheet. Page 0002
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Instructions for this form found on pages 12-27.

SECTION 1. WASTE DESCRIPTION

A. Waste Description: Chromic Acid & Oil Dry - Die Shop SpillB. EPA Hazardous Waste Code: 0001C. SIC code: 3714D. Origin Code: 2System type: ME. Source Code: A51 A53 A92F. Point of Measurement: 1G. Waste form code: B40.3H. Radioactive mixed: 2I. TRI Constituent: 3J. CAS numbers: 1. 100 2. 108 3. 92

SECTION 2. QUANTITY GENERATED

A. UOM: 1 Density 5.18 (Same unit and density must be used for all quantities on this page).Quantity generated in: B. Previous reporting year: 0.0C. Current reporting year: 165.0D. QUANTITY MANAGED ON-SITE: Did this location manage some or all of this waste in exempt or regulated treatment, recycling, or disposal units at this location? N Y = Yes (continue to system 1) N = No (skip to section 3)On-Site System 1: System Type M Status 146 Quantity managed on-site this year: 147On-Site System 2: System Type M Status 161 Quantity managed on-site this year: 162

SECTION 3. OFF-SITE SHIPMENT

A. Was any of this waste shipped off site this reporting year? Y Y = Yes (Continue to Site 1) N = No (Skip to Section 4)SITE 1. Name and address of facility: CADOU ENVIRONMENTAL (SVC) RECOVERY
2029 BAYOU PLAQUEMIN ROAD
RAYNE, LA 70578B. U.S. EPA ID No. of facility waste was shipped to: LA0079464095C. System type shipped to: M D. Off-site availability code: 1E. Total quantity shipped in this reporting year: 165.0

SITE 2. Name and address of facility:

B. U.S. EPA ID No. of facility waste was shipped to: 200C. System type shipped to: M D. Off-site availability code: 216E. Total quantity shipped in this reporting year: 217

SECTION 4. WASTE MINIMIZATION ACTIVITIES

A. Did you engage in any waste minimization activities for this reporting year? N Y = Yes (Cont to Box B) N = No (Cont to Section 5)B. Activity: W W W W W W C. Other Effects? (Y = Yes, N = No) 246D. How many new waste minimization activities were implemented in this reporting year for this waste? 247 (Number)E. Quantity recycled in reporting year due to new activities: 248F. Activity/Production index: 258 G. Source Reduction quantity due to new activities: 261

SECTION 5. REGULATED STORAGE

A. Did this site store RCRA wastes 90 days or more and then ship it off-site (to site shown in Section 3)? (Y=Yes, N=No)

B. Did this site store RCRA wastes on-site for more than 90 days but waste is in storage at year end: (Y=Yes, N=No)

Quantity stored at year end and for 90 days or more, generated this reporting year: 273Quantity stored at year end that was generated prior to this reporting year: 283COMMENTS: N Enter Y (Yes) if you have comments regarding this page and attach extra sheet. Page 0002

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Form GM - Generation and Management

instructions for this form found on pages 12-27.

SECTION 1. WASTE DESCRIPTION

A. Waste Description: In-Mold Coating Waste - Scrap Coating (Solidified)
B. EPA Hazardous Waste Code: 2018
C. SIC code: 3714
D. Origin Code: 1 System type: M E. Source Code: A04 A21 A
F. Point of Measurement: 1 G. Waste form code: B 403
H. Radioactive mixed: 2 I. TRI Constituent: 2
J. CAS numbers: 1. 100-42-5 2. 5 3. 2
4. 100 5. 108

SECTION 2. QUANTITY GENERATED

A. UOM: 1 Density 1.25 (Same unit and density must be used for all quantities on this page).

Quantity generated in: B. Previous reporting year: 0

C. Current reporting year: 605.0

D. QUANTITY MANAGED ON-SITE: Did this location manage some or all of this waste in exempt or regulated treatment, recycling, or disposal units at this location? N Y = Yes (continue to system 1) N = No (skip to section 3)

On-Site System 1: System Type M Status 142 Quantity managed on-site this year: 147

On-Site System 2: System Type M Status 157 Quantity managed on-site this year: 162

SECTION 3. OFF- SITE SHIPMENT

A. Was any of this waste shipped off site this reporting year? Y Y = Yes (Continue to Site 1) N = No (Skip to Section 4)

SITE 1. Name and address of facility: LAIDAW ENVIRONMENTAL (SVC) RECOVERY
2029 Bayou Plaquemine Road
Raiford, LA 70578

B. U.S. EPA ID No. of facility waste was shipped to: LA0079464095

C. System type shipped to: M061 D. Off-site availability code: 1

E. Total quantity shipped in this reporting year: 385.0

SITE 2. Name and address of facility:

B. U.S. EPA ID No. of facility waste was shipped to: 200

C. System type shipped to: M D. Off-site availability code: 216

E. Total quantity shipped in this reporting year: 217

SECTION 4. WASTE MINIMIZATION ACTIVITIES

A. Did you engage in any waste minimization activities for this reporting year? N Y = Yes (Cont to Box B) N = No (Cont to Section 5)

B. Activity: W W W W W W C. Other Effects? (Y = Yes, N = No) 246

D. How many new waste minimization activities were implemented in this reporting year for this waste? 247 (Number)

E. Quantity recycled in reporting year due to new activities: 248

F. Activity/Production index: 258 G. Source Reduction quantity due to new activities: 261

SECTION 5. REGULATED STORAGE

A. Did this site store RCRA wastes 90 days or more and then ship it off-site (to site shown in Section 3)? (Y=Yes, N=No) N

B. Did this site store RCRA wastes on-site for more than 90 days but waste is in storage at year end: (Y=Yes, N=No) N

Quantity stored at year end and for 90 days or more, generated this reporting year: 273

Quantity stored at year end that was generated prior to this reporting year: 283

COMMENTS: N Enter Y (Yes) if you have comments regarding this page and attach extra sheet. Page 0002

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Instructions for this form found on pages 12-27.

SECTION 1. WASTE DESCRIPTION

A. Waste Description: Lab Pack (July) Flammables, Corrosives
B. EPA Hazardous Waste Code: L A B P
C. SIC code: 3714
D. Origin Code: 1 System type: M E. Source Code: A94 A57 A58
F. Point of Measurement: 1 G. Waste form code: B003
H. Radioactive mixed: 2 I. TRI Constituent: 2
J. CAS numbers: 1. 76 2. 84 3. 92
4. 100 5. 108

SECTION 2. QUANTITY GENERATED

A. UOM: 1 Density 8.00 (Same unit and density must be used for all quantities on this page).
Quantity generated in: B. Previous reporting year: 0
C. Current reporting year: 1195.0
D. QUANTITY MANAGED ON-SITE: Did this location manage some or all of this waste in exempt or regulated treatment, recycling, or disposal units at this location? N Y = Yes (continue to system 1) N = No (skip to section 3)
On-Site System 1: System Type M Status 145 Quantity managed on-site this year: 147
On-Site System 2: System Type M Status 157 Quantity managed on-site this year: 162

SECTION 3. OFF-SITE SHIPMENT

A. Was any of this waste shipped off site this reporting year? Y Y = Yes (Continue to Site 1) N = No (Skip to Section 4)
SITE 1. Name and address of facility: LANDWASTE ENVIRONMENTAL SERVICES (TS), INC.
2815 OLD GREENBRICK PIKE
GREENBRICK, TN 37073-4514
B. U.S. EPA ID No. of facility waste was shipped to: 700000645270
C. System type shipped to: M141 D. Off-site availability code: 1
E. Total quantity shipped in this reporting year: 1195.0
SITE 2. Name and address of facility:

B. U.S. EPA ID No. of facility waste was shipped to: 200
C. System type shipped to: M D. Off-site availability code: 216
E. Total quantity shipped in this reporting year: 217

SECTION 4. WASTE MINIMIZATION ACTIVITIES

A. Did you engage in any waste minimization activities for this reporting year? N Y = Yes (Cont to Box B) N = No (Cont to Section 5)
B. Activity: W W W W W W C. Other Effects? (Y = Yes, N = No) 246
D. How many new waste minimization activities were implemented in this reporting year for this waste? 247 (Number)
E. Quantity recycled in reporting year due to new activities: 248
F. Activity/Production index: 258 G. Source Reduction quantity due to new activities: 261

SECTION 5. REGULATED STORAGE

A. Did this site store RCRA wastes 90 days or more and then ship it off-site (to site shown in Section 3)? (Y=Yes, N=No) N
B. Did this site store RCRA wastes on-site for more than 90 days but waste is in storage at year end: (y=Yes, N=No) N
Quantity stored at year end and for 90 days or more, generated this reporting year: 273
Quantity stored at year end that was generated prior to this reporting year: 283

COMMENTS: N Enter Y (Yes) if you have comments regarding this page and attach extra sheet. Page 00028
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Instructions for this form found on pages 12-27.

SECTION 1. WASTE DESCRIPTION

A. Waste Description: LAB PACK (October) Flammables, Toxics, Corrosives

B. EPA Hazardous Waste Code: LA B P 31 35 39 43 47

C. SIC code: 3714 51

D. Origin Code: L 55 System type: M 56 E. Source Code: A94 A52 A58 60 63 66

F. Point of Measurement: 1 69 G. Waste form code: B003 70

H. Radioactive mixed: 2 74 I. TRI Constituent: 2 75

J. CAS numbers: 1. 76 2. 84 3. 92 4. 100 5. 108

SECTION 2. QUANTITY GENERATED

A. UOM: 1 116 Density B.00 117 (Same unit and density must be used for all quantities on this page).

Quantity generated in: B. Previous reporting year: 0.0 121

C. Current reporting year: 565.0 131

D. QUANTITY MANAGED ON-SITE: Did this location manage some or all of this waste in exempt or regulated treatment, recycling, or disposal units at this location? Y Y = Yes (continue to system 1) N = No (skip to section 3) 141

On-Site System 1: System Type M 142 Status 145 Quantity managed on-site this year: 147

On-Site System 2: System Type M 157 Status 161 Quantity managed on-site this year: 162

SECTION 3. OFF-SITE SHIPMENT

A. Was any of this waste shipped off site this reporting year? Y Y = Yes (Continue to Site 1) N = No (Skip to Section 4) 172

SITE 1. Name and address of facility: LADLAW ENVIRONMENTAL SERVICES (ITS) INC. 173

2815 OLD GREENBRIER PIKE

GREENBRIER, TN 37073-4514

B. U.S. EPA ID No. of facility waste was shipped to: TN 000645770 173

C. System type shipped to: M141 185 D. Off-site availability code: 1 189

E. Total quantity shipped in this reporting year: 565.0 190

SITE 2. Name and address of facility:

B. U.S. EPA ID No. of facility waste was shipped to: 200

C. System type shipped to: M 212 D. Off-site availability code: 216

E. Total quantity shipped in this reporting year: 217

SECTION 4. WASTE MINIMIZATION ACTIVITIES

A. Did you engage in any waste minimization activities for this reporting year? Y Y = Yes (Cont to Box B) N = No (Cont to Section 5) 227

B. Activity: W 228, W 231, W 234, W 237, W 240, W 243 C. Other Effects? (Y = Yes, N = No) 246

D. How many new waste minimization activities were implemented in this reporting year for this waste? 247 (Number)

E. Quantity recycled in reporting year due to new activities: 248

F. Activity/Production index: 258 G. Source Reduction quantity due to new activities: 261

SECTION 5. REGULATED STORAGE

A. Did this site store RCRA wastes 90 days or more and then ship it off-site (to site shown in Section 3)? (Y=Yes, N=No) Y 271

B. Did this site store RCRA wastes on-site for more than 90 days but waste is in storage at year end: (Y=Yes, N=No) Y 272

Quantity stored at year end and for 90 days or more, generated this reporting year: 273

Quantity stored at year end that was generated prior to this reporting year: 283

COMMENTS: N Enter Y (Yes) if you have comments regarding this page and attach extra sheet. Page 0002 5 293 13

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Instructions for this form found on pages 12-27.

SECTION 1. WASTE DESCRIPTION

A. Waste Description: Lab Pack (October) Solids
B. EPA Hazardous Waste Code: 8001
C. SIC code: 3214
D. Origin Code: 1 System type: M E. Source Code: A94 A57 A58
F. Point of Measurement: 1 G. Waste form code: B003
H. Radioactive mixed: 2 I. TRI Constituent: 2
J. CAS numbers: 1. 76 2. 84 3. 92
4. 100 5. 108

SECTION 2. QUANTITY GENERATED

A. UOM: 3 Density 3.65 (Same unit and density must be used for all quantities on this page).
Quantity generated in: B. Previous reporting year: 0.0
C. Current reporting year: 400.0
D. QUANTITY MANAGED ON-SITE: Did this location manage some or all of this waste in exempt or regulated treatment, recycling, or disposal units at this location? N Y = Yes (continue to system 1) N = No (skip to section 3)
On-Site System 1: System Type M Status 142 Quantity managed on-site this year: 147
On-Site System 2: System Type M Status 157 Quantity managed on-site this year: 152

SECTION 3. OFF-SITE SHIPMENT

A. Was any of this waste shipped off site this reporting year? Y Y = Yes (Continue to Site 1) N = No (Skip to Section 4)
SITE 1. Name and address of facility: LANDAW ENVIRONMENTAL SERVICES INC.
2815 OLD GREEN BUCK PIKE
GREENBRIER, TN 37073-4514
B. U.S. EPA ID No. of facility waste was shipped to: TN D000645770
C. System type shipped to: M D. Off-site availability code: 1
E. Total quantity shipped in this reporting year: 400.0
SITE 2. Name and address of facility:

B. U.S. EPA ID No. of facility waste was shipped to: 200
C. System type shipped to: M D. Off-site availability code: 215
E. Total quantity shipped in this reporting year: 217

SECTION 4. WASTE MINIMIZATION ACTIVITIES

A. Did you engage in any waste minimization activities for this reporting year? N Y = Yes (Cont to Box B) N = No (Cont to Section 5)
B. Activity: W W W W W W C. Other Effects? (Y = Yes, N = No) 246
228 231 234 237 240 243
D. How many new waste minimization activities were implemented in this reporting year for this waste? 247 (Number)
E. Quantity recycled in reporting year due to new activities: 248
F. Activity/Production index: 258 G. Source Reduction quantity due to new activities: 261

SECTION 5. REGULATED STORAGE

A. Did this site store RCRA wastes 90 days or more and then ship it off-site (to site shown in Section 3)? (Y=Yes, N=No) N
B. Did this site store RCRA wastes on-site for more than 90 days but waste is in storage at year end: (Y=Yes, N=No) N
Quantity stored at year end and for 90 days or more, generated this reporting year: 275
Quantity stored at year end that was generated prior to this reporting year: 283

COMMENTS: N Enter Y (Yes) if you have comments regarding this page and attach extra sheet. Page 00027
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Form TI -- Transporter Identification

Instructions for this form found on page 28.

1. U.S. EPA ID No. ILD 984908202 Illinois Special Waste Hauling Permit No. _____

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Transporter Name and Address: Safety Kleen Corp.
580 W. Anthony Drive
Urbana, IL 618012. U.S. EPA ID No. WID 980904742 Illinois Special Waste Hauling Permit No. _____

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Transporter Name and Address: Schneider Tank Lines
3101 S. Packard Drive
Greenbay, Wisconsin
543063. U.S. EPA ID No. ILD 006493191 Illinois Special Waste Hauling Permit No. _____

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Transporter Name and Address: SCHIBER TRUCK CO, INC.
1701 S. Delmar
P.O. Box 68
Hartford, IL 620484. U.S. EPA ID No. ILD 0049812692 Illinois Special Waste Hauling Permit No. _____

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139

Transporter Name and Address: Montgomery Tank Lines, Inc.
15022 Airline Highway
Prairieville, LA 707695. U.S. EPA ID No. MOD 095038998 Illinois Special Waste Hauling Permit No. _____

79

143

Transporter Name and Address: Tri-State Motor Transit Co.
E. 7th Street
Joplin, Missouri 648016. U.S. EPA ID No. MD 980554653 Illinois Special Waste Hauling Permit No. _____

91

147

Transporter Name and Address: Laidlaw Environmental Services (TS) Inc.
2815 Old Greenbrier Pike
Greenbrier, TN 37073-4514

7. U.S. EPA ID No. _____ Illinois Special Waste Hauling Permit No. _____

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Transporter Name and Address:

8. U.S. EPA ID No. _____ Illinois Special Waste Hauling Permit No. _____

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Transporter Name and Address: